After encouraging one woman to get a cochlear implant, she was inspired to help thousands of people with hearing impairment. It’s incredible, how one person can affect so many.

American Speech-Language-Hearing Association Certified Audiologists use their education, experience, and requisite skills to help improve patients’ communication. Find your next sparkplug at ASHACertified.org
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Hello, readers! We hope that you can carve out some time away from busy schedules at home and at work to sit back and enjoy reading this latest edition of ASHA Audiology Connections.

The past year was a busy one for the profession. Various groups have been actively involved in discussions with audiology organizations to address access to and affordability of hearing health care services.

In November 2015, the President’s Council of Advisors on Science and Technology (PCAST) made recommendations to President Obama regarding the accessibility and affordability of hearing health care services. In April 2016, the FDA hosted a workshop in Washington, DC. ASHA, a major stakeholder in the conversation on hearing aid regulations, presented its views to the panel. Again, our message addressed the importance of professional audiologic care in treating adults with nonmedical hearing loss. ASHA reminded the FDA panel that hearing loss is a chronic medical condition with complexities beyond what may be recorded on an audiogram. Other stakeholders presenting at the workshop included the Hearing Loss Association of America (HLAA), the Academy of Doctors of Audiology (ADA), the American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS), the American Academy of Audiology (AAA), the Consumer Technology Association, and the International Hearing Society (IHS).

The Institute of Medicine (IOM), which began in 1970 under a congressional charter under the National Academy of Sciences (NAS), recently changed its name to the National Academy of Medicine (NAM). The new name acknowledges the importance of medicine and other health-related sciences in today’s global research enterprise. Their report, Hearing Health Care for Adults: Priorities for Improving Access and Affordability (June 2016), highlights the importance of hearing to the quality of life for every individual. The report examines possibilities and innovations—including over-the-counter hearing aids (e.g., PSAPs)—that can improve the affordability of and accessibility to technology and, thus, benefit individuals with untreated hearing loss.

Building consensus and creating an environment of trust conducive to open discussion takes time. It is unfortunate that, even after working together, the audiology organizations were not able to prepare a unified response to the NAS/NAM report. ASHA prepared and responded to the report with its own message. ASHA supports greater access to devices but continues to stress that individuals can benefit from the professional services provided by audiologists. Auditory training and rehabilitation provided by audiologists are of utmost importance in the successful use of hearing aids. These critical services are lost if hearing aids are available with no audiologic support. ASHA expressed its support for the other items in the report.

Continued on page 4
As audiologists, we provide care to our patients. They are living longer and with multiple chronic health conditions. Change is necessary to meet these growing demands. New practice models require new skills. Audiologists are now working with individuals who may have diabetes and other metabolic disorders, cardiovascular disease, posttraumatic stress disorder (PTSD), and depression as well as hearing loss, balance disorders, and tinnitus. Patient-centered, interprofessional, team-based, and data-driven care are innovations that all audiologists should include in clinical practice.

ASHA will be there to support audiologists and those they serve through these changes and challenges. The staff members of ASHA’s Audiology Professional Practices unit communicate with you in a variety of ways. Every other month, the Access Audiology electronic newsletter is sent to more than 14,000 subscribers. We also provide individual professional consultation via telephone or e-mail. And we are pleased to exhibit at a number of audiology conferences, where we have a chance to meet with audiologists face to face. All of us in the unit hope that you have had an opportunity to speak with us at a meeting or electronically for professional consultation.

Pamela A. Mason, MEd, CCC-A, Director, Audiology Professional Practices, ASHA

Cover Photo

Gallaudet University Students

Gallaudet Student and Professor

About the Cover

Our cover photo was taken at Gallaudet University’s Hearing and Speech Center, a state-of-the-art university training facility providing comprehensive speech, language, and hearing services to individuals residing in Washington, DC, and surrounding communities. The Center is an integral part of the Department of Hearing, Speech, and Language Sciences that includes a master of science (MS) program in speech-language pathology and a clinical doctor of audiology (AuD) program, which are both accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology. The department also offers a doctor of philosophy (PhD) program.

Staff members are proficient in American Sign Language and are qualified to provide services to the Deaf community. Pediatric and adult clients are evaluated and treated at the Center. In addition to the basic audiometric and hearing aid services, the Hearing and Speech Center provides assistive devices needs assessment and demonstrations, collaborative aural rehabilitation services, cochlear implant services, vestibular and electrophysiologic assessment, and auditory processing evaluation. The cover photo depicts computerized video head-impulse testing (vHIT). vHIT is a quick way to determine the function of each of the six semicircular canals. The lightweight device used in the test measures the head and eye velocities simultaneously. The test often takes less than 10 minutes to complete.

Photo credit: Ben Sledge, ASHA
Focus on the Future

The needs of individuals with hearing loss have been highlighted several times during the past year—with acronyms that some had never heard before: PCAST, NAS, NAM, and others. It's good that the need for reliable, effective hearing abilities as a key component of communication is receiving more attention. Members are asking questions such as “How can more people access hearing health care services?” “What can be done to diminish or eliminate barriers to access?” “Why are services perceived as prohibitively expensive?” The last question seems to be gathering disproportionate attention. For example, several recent reports have stated that hearing aids are so expensive, individuals who need them cannot afford them. Key advocacy groups promote the idea that alternative, less expensive access channels to hearing devices are needed.

We, as a profession, complain that (a) reimbursement is decreasing and (b) the requirements to maintain our current levels of reimbursement are increasing. We become frustrated with our professional organizations for not doing more to keep reimbursement higher and professional recognition better.

There is also considerable frustration over the increasing documentation and accountability requirements that seem to increase the fixed overhead of our practices. Such programs as the Physician Quality Reporting System (PQRS) are confusing and seem superfluous. Why should we report to the Centers on Medicare & Medicaid Services (CMS) that we screened a patient for depression or that we documented the patient’s medications? The answers to at least some of these questions will guide our profession into the future as a significant contributor to the health care arena.

With regard to reimbursement, we are in good company with other health care providers, both physician and non-physician. Reimbursement is going down because the overall cost of health care is going up. A recent statistic indicates that U.S. residents devote 17.2% of the gross domestic product (GDP) to health care costs. Compare this to other industrialized countries with excellent quality health care systems: They devote 12% of GDP or less to health care. By spending that much money, we should have the best health care system in the world, right? Well... on equal evaluation factors (e.g., infant mortality, life expectancy, disease-induced disabilities, etc.), the United States ranks 37th in the world. From the most recent Organization of Economic Cooperation and Development survey, France ranked first. The trajectory of health care costs in the United States cannot be sustained because the dollars spent on health care are dollars that cannot be spent on infrastructure, education, medical research, and so forth.

But Congressional proposals have not addressed the real reasons that costs have risen so much. Instead, they have gone after the “low-hanging fruit” of provider and hospital reimbursement. So, does this mean all is lost? No! Several opportunities allow us to distinguish ourselves as bringing something unique and beneficial to the table.

The attempt by CMS to force providers to abide by PQRS was an initial effort to change the mental perspective of all of health care. Instead of being procedure oriented (e.g., “I did a proper, accurate audiogram; therefore, I did what I was supposed to do.”), the PQRS program was an attempt to improve the patient’s quality of life. Depression, for example, diminishes patient compliance with medical treatments and medication adherence, resulting in decreased general wellness. When combined with hearing loss and/or tinnitus, the patient can be doubly affected. Documenting medications is logical because many pharmaceuticals contribute to tinnitus symptoms and transitory or permanent hearing loss, or they may have indirect effects on balance by altering blood pressure. And for patients at risk for falls, adverse outcomes that have nothing to do with audiology could be the result of a fall if that risk is neither documented nor coordinated with the patient’s other treating physicians.

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“How did your service improve the patient’s overall quality of life?” This is a very different question than “Was the patient satisfied with how you programmed the hearing aid?”

All of this attention to hearing opens numerous opportunities for us to broaden our perspective of the patient from someone who has a hearing or balance problem to an individual looking for a better quality of life. With regard to accountability and the value of our services, many of us expect that we will eventually be required to answer the question, “How did your service improve the patient’s overall quality of life?” This is a very different question than “Was the patient satisfied with how you programmed the hearing aid?”

The quality-of-life question causes us to look at the patient as a whole person, not merely as someone who has a hearing or balance problem. In the realm of health care economics, improving quality of life through the combined efforts of all health care providers would go a long way toward decreasing not only health care costs but also the downward pressure on reimbursement. Indeed, we do live in interesting times.

Photo credit: Ben Sledge, ASHA

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Photo credit: Ben Sledge, ASHA
This past year presented the profession of audiology with several challenges but also opportunities for refocusing. Well-intentioned individuals gathered in several venues with the express purpose of determining ways to alleviate the effects of impaired hearing in the adult population. Both the President’s Council of Advisors on Science and Technology (PCAST) and the National Academy of Sciences (NAS) took on this task, which hearing health care professionals have been addressing for years. Unfortunately, several of the PCAST recommendations were shortsighted and failed to address the importance of comprehensive audiologic evaluation and treatment. Neither group adequately stressed the importance of seeking the services of an audiologist to determine the cause of the impairment, provide appropriate patient counseling, and tailor a plan of care specific to the needs of the individual.

Having those committees understand that hearing impairment is a chronic medical condition requiring the services of an audiologist was certainly one of our challenges. Did it present an opportunity? I believe so, especially with regard to the NAS committee. ASHA teamed up with the American Academy of Audiology (AAA) and the Academy of Doctors of Audiology (ADA) and provided input to NAS through in-person presentations, written documentation, and conference calls. Although our expertise was sought, the NAS recommendations fell short of what is known to be a comprehensive set of best practices for addressing hearing impairment.

With regard to PCAST, ASHA read a statement into the PCAST record, stressing that a hearing aid alone is not enough to overcome a hearing disability and that treatment for hearing loss—even mild to moderate loss—is complex, particularly among seniors. Our statement emphasized that audiologists provide an individualized assessment of a person’s hearing needs that goes well beyond a measure of pure-tone sensitivity. This includes consideration of listening in background noise, specific tests of middle ear and inner ear function, and the important cognitive and psychological factors that impact a person’s ability to use a hearing aid. ASHA also informed PCAST that it made a common but serious error in assuming that hearing is analogous to vision. A misconception evident in the PCAST report is that amplification alone will enable a person with hearing loss to hear and understand fully—in the same manner that glasses can restore vision. Even the most advanced hearing aids cannot restore hearing to 100%—in the same way that prescription eyeglasses, or even some over-the-counter readers, can correct vision deficiencies.

On December 7, 2016, during the NAS meeting titled “Dissemination Meeting: Hearing Health Care for Adults: Priorities for Improving Access and Affordability,” the Food and Drug Administration (FDA) issued guidance stating that it does not intend to enforce certain conditions for sale applicable to hearing aids for users 18 years of age or older. FDA rescinded the requirement for a medical evaluation and related recordkeeping requirements. The FDA report goes on to state that although, in their guidance, the PCAST and NAS reports provide other recommendations regarding FDA’s regulation of hearing aids, FDA does intend to consider and address those recommendations in the future, as appropriate—including those regarding a regulatory framework for hearing aids that can be sold directly over the counter to consumers without the requirement for consultation with a credentialed dispenser. FDA reported that it intends to solicit additional public input from stakeholders before adopting such an approach.

Also in 2016, ASHA and the greater audiology community celebrated a victory with regard to hearing instrument specialists encroaching on audiologists’ professional scope of practice. Essentially, the collective advocacy efforts of ASHA, AAA, and ADA resulted in the Department of Labor rescinding a controversial apprenticeship program that would have allowed hearing aid specialists to expand their scope of practice both within the Veterans Affairs (VA) system and on the state level. For more information on this initiative, please visit the ASHA website at www.asha.org, and search “IHS apprenticeship program.”

ASHA will continue to advocate for the profession and the value of audiologists’ services in order to ensure that our patients receive access to high-quality hearing health care.
Leadership Development and Volunteer Leadership

In 2007, ASHA created the Leadership Development Program (LDP), a year-long program for ASHA members with leadership potential. The program encourages potential leaders to develop their skills and give back to the professions through volunteering—whether with ASHA, at their workplace, or for a related professional organization. The LDP alumni base has grown over the years; the program boasts more than 300 graduates—50 of whom are audiologists.

Anna Kharlamova Meehan, AuD, CCC-A, graduated from ASHA’s first LDP Audiology cohort in 2013. Prior to the LDP, Anna was eager to connect with other ASHA members and serve her professional community; however, she was unsure of how to start. When flipping through The ASHA Leader one evening, she noticed information about the LDP and decided to apply. The LDP helped Anna identify her strengths as well as areas for growth, provided the peer support and tools to track her progress, and enabled her to make lasting professional connections.

After graduating from the program, Anna has been actively participating as a member of ASHA’s Committee on Leadership Cultivation of the Leadership Cultivation and Nominations Board. She has also served on the Audiology Advisory Council (AAC) and is the professional development manager for SIG 6, Hearing and Hearing Disorders: Research and Diagnostics.

“Completing this program has substantially enhanced my confidence, improved my success at work, and kick-started my involvement in committees, advocacy, and Special Interest Groups within ASHA. The LDP is the perfect foundational framework for anyone eager to rise into a more assertive, creative, and influential role in their career,” Anna says.

Margot Beckerman, AuD, CCC-A, is a graduate of the 2014 LDP for Emerging Leaders. She now serves on the ASHA Board of Directors as chair of the AAC.

“Participating in the LDP elevated my confidence, while providing me with valuable tools and skills that have positioned me to become a more effective leader in my workplace. The LDP prepared me in a very tangible manner as I took on a significant volunteer role with ASHA as AAC chair and Board of Directors member. Through the LDP, I was able to take stock of my strengths and learn how to make the most of them. At the same time, it allowed me to acknowledge my weak areas and, in turn, helped to facilitate my growth.”

Recent changes in eligibility requirements no longer preclude members from applying if they have previous experience on an ASHA committee/board/council (CBC). Current and former CBC chairs—as well as past, present, and incoming Board of Directors members—are not eligible to apply to the program.

For more information on the LDP, visit www.asha.org/About/governance/Leadership-Development-Program or contact Haley Jones, volunteer operations manager, at hjones@asha.org.

Making It Easy for Members to Volunteer With ASHA

Do you want to volunteer with ASHA but feel you don’t have the time for a lengthy commitment? Or perhaps you don’t know what is available or where to begin. ASHA’s Become a Volunteer web page spotlights the many ways in which you can engage with ASHA other than serving on a committee, a council, or the Board of Directors. In addition to providing activity descriptions, the web page highlights information such as the travel requirement, time commitment, workload, and experience desired.

Visit www.asha.org/About/governance/Become-a-Volunteer to view current volunteer opportunities.
Thank You, Audiology Volunteers

Volunteers are special people. ASHA volunteers—our special people—generously give their time, energy, and expertise to ASHA (the organization) and to ASHA (the members making up the organization). Volunteer leaders are key to the success of ASHA on many fronts. The volunteers listed below have done something special at the request of the Audiology Professional Practices Unit in the past year. They have provided subject matter expertise for development of the ASHA Practice Portal topics. They have authored articles for Access Audiology, Perspectives of the ASHA Special Interest Groups, The ASHA Leader, and Audiology Connections.

They have supplied content for continuing education opportunities such as the Audiology Online Conference. They have served as reviewers for the Audiology/Hearing Science Research Travel Award, on joint and ad hoc committees, and as peer reviewers on various ASHA-authored publications (including scholarly journal articles).

And sometimes, at a moment’s notice, they serve as media experts during interviews.

For all that our volunteers do for the Association and its members, it is difficult to find the right words to express our gratitude and thanks.

We hope that we thank our volunteers often enough and during those moments when appreciation counts the most. We express our sincere thanks to all of you—not only because it is the right thing to do, but because we always want you to know just how much your service means to us. It is an honor and a privilege to work with you.

Thank you, volunteers!

We invite all readers to consider volunteering at any level. Please contact audiology@asha.org with your interests.


*As of December 2016. If we have inadvertently omitted your name, please accept our apology.
AuD Education Summit Brings Audiology Stakeholders Together

Clinical Education Model Examined

On October 27–28, 2016, ASHA sponsored the AuD Education Summit at its National Office in Rockville, Maryland. The development of this summit was in response to the critical issues identified in and recommendations offered by the Report of the Academic Affairs Board (AAB) on Critical Issues in AuD Education.

The summit, which drew just over 100 attendees, included presentations on the history of the doctor of audiology (AuD) degree, the current AuD model, and residency models in medicine, physical therapy, and optometry. A major emphasis of the summit was the current clinical externship experience (a.k.a. “4th year”) that has presented challenges for a majority of academic programs and their students. The summit brought together a representative from every clinical doctoral program in audiology, representatives of audiology professional associations (ASHA, AAA, ADA) and credentialing bodies (CAA, ACAE, CFCC, ABA), and representatives from student associations (NSSLHA, SAA, SDA) to address the key issues in audiology training programs. In order to gain input from all stakeholders, former and current students and current preceptors were surveyed prior to the event. Invited speakers from other doctoral professions talked about their clinical education models.

At the conclusion of the summit, more than 90 attendees volunteered to serve on committees focusing on action items related to
- student readiness for the externship;
- guidelines for AuD clinical training sites;
- student competency assessment throughout the AuD program;
- standardization of the externship;
- optional postgraduate residency; and
- vision for the future of the profession.

Committees working on these issues began meeting in the first quarter of 2017. An executive summary and other summit updates will be posted on the ASHA website.

A post-event survey indicated that the summit was a success, as indicated by comments from attendees:
- “Fabulous meeting. Many thanks to the organizing committee and ASHA. Wonderful example of consensus-building activity. The moderator was fantastic. All-around positive experience for me.”
- “It was a very thought-provoking, informative, motivating meeting.”
- “The single best moment for me was seeing the heads of the professional organizations publicly acknowledge that although their specific mission statements may vary, there is a shared vision to move audiology forward and that we can work together.”

The summit was webcast; links to both days’ videos can be found by visiting the ASHA website at www.asha.org and searching on “AuD Education Summit.”
Time to Jump
Capturing Patient Function and Outcomes

I am approaching several significant milestones in the next couple of years. My children are starting to leave the nest and transition from dependent mama’s kids to independent young men and women. In 2017, I will celebrate 5 years as an ASHA staff member and “more than a few” years as an ASHA Certified Member. I started my clinical practice pre-VNG, pre-EHDI, and pre–digital hearing aids. I was even around before we talked about Current Procedural Terminology (CPT) codes, although I recently confirmed that diagnosis codes did precede me (first published in 1893, if you’re interested).

Yes, I admit I am “mature.” Maturation is inevitable. All audiologists, along with our colleagues across the health care continuum, are maturing in the provision of health care services. And it is exciting!

We—all audiologists—have to get on board with capturing patient function and outcomes. This is no longer an academic ambition. Excuses like, “We are primarily a diagnostic profession” or “We don’t get paid for that” are no longer satisfactory for our patients, our colleagues, or our payers and policymakers. Outcome- and evidence-based practice and patient-centered care are happening now. Everyone is doing it. Am I saying that if everyone jumped off the edge of a cliff, you should too? Not exactly. I am saying: If we don’t jump, we will be pushed.

Thankfully, ASHA has prioritized this paradigm shift through its 2015–2025 Strategic Pathway. Strategic Objective #1, and thus ASHA’s single highest priority, calls for us to expand data available for quality improvement and demonstration of value (ASHA, 2016). This objective is being executed through the development of a national outcomes measurement system for audiology (Satterfield, 2016). A demonstration of the outcomes data registry was available at the 2016 ASHA Convention, and registration for participation is anticipated by the 2017 Convention.

What is this registry going to do?
The audiology outcomes data registry is going to achieve the following objectives:

- Provide patient and provider reports
- Support internal quality assurance activities
- Tie patient function and outcomes to clinical processes
- Meet the Centers for Medicare & Medicaid Services’ Quality Payment Program (CMS, 2016) requirements
- Collect patient characteristics to adjust risk outcomes
- Drive best practices through national, benchmarked data
- Eventually partner with electronic health records and retrieve data from existing systems

What do audiologists need to do?
Professional development goals for audiologists in 2017 should include the following:

- Investigate and implement the evidence in clinical practice using ASHA’s Evidence Maps (www.asha.org/Evidence-Maps).
- Collect patient function and outcomes using tools such as the Abbreviated Profile of Hearing Aid Benefit (APHAB; Cox 1997) or the Tinnitus Functional Index (Miekle et al., 2012).
- Become familiar with the ICF core sets for hearing loss (ICF Research Branch, 2016a) and/or vertigo (ICF Research Branch, 2016b).
- E-mail NOMS@asha.org with the subject line “Audiology Outcomes” to sign up for periodic updates, registration information, and future opportunities for participation in the data registry.

References
ASHA. (2016, September). Strategic Pathway to Excellence. Retrieved from www.asha.org/About/Strategic-Pathway/Strategic-Pathway-
Quality reporting is undergoing an overhaul thanks to the Medicare Access and CHIP Reauthorization Act (MACRA). Under MACRA, payment for Medicare outpatient services (Part B) will be made under the Quality Payment Program (QPP), which establishes two tracks for payment: alternative payment models (APMs), an approach that incentivizes quality and value, or the Merit-Based Incentive Payment System (MIPS).

The Centers for Medicare & Medicaid Services (CMS) estimates that most clinicians will fall under the MIPS track. Therefore, this article focuses on MIPS. The bottom line for audiologists? There will be a temporary reprieve from mandatory quality reporting, such as that under the Physician Quality Reporting System (PQRS), which sunsetted at the end of 2016. But audiologists should begin preparing now for the MIPS, as it will affect them as early as 2019.

What Is the QPP?

QPP is the new program that implements the mandates of landmark legislation known as MACRA, which repealed the flawed payment methodology for Part B Medicare services (known as the sustainable growth rate, or SGR) and established a path for the future of the Medicare program aligned with quality and value. Prior to the passage of MACRA, Medicare paid for outpatient services on the SGR fee schedule—which turned out to be anything but sustainable. The SGR systematically and regularly resulted in the need for Congressional action to increase funding to avoid drastic payment cuts triggered by the SGR formula. MACRA signaled the end of the uncertainty associated with payment and continued the effort to better align quality initiatives with payment. Clinicians will see a 0.5% payment update annually to the fee schedule through 2020 and then no updates until 2025. Although APMs and MIPS participation will both be available to audiologists by 2019, most analysts agree that the majority of outpatient clinicians will be subject to MIPS in the early years of the QPP.

MACRA restricted participation in MIPS to physicians and similar clinicians for the first 2 years of the program. In a final rule issued in October 2016, CMS stated that MIPS will begin for physicians in 2017. This would mean that the earliest time in which audiologists would be subject to MIPS reporting is 2019, with payment adjustments in 2021.

However, CMS suggests that clinicians who are not immediately subject to MIPS could voluntarily report information to gain experience with the program. ASHA is developing a registry-based reporting system (QCDR) in 2017 to facilitate voluntary reporting.

What Is MIPS?

MIPS is a payment system that modifies base fee-for-service payments using four performance categories, each of which contributes to a clinician’s composite performance score (CPS) that determines the positive or negative payment adjustment described earlier. These categories include quality, meaningful use of electronic health records (now known as advancing care information [ACI]), resource use, and clinical practice improvement activities (CPIAs). CMS has proposed to use PQRS, the value-based modifier, and meaningful use for the purposes of MIPS. CMS also proposes a list of CPIAs that will be reported by clinicians in regard to activities that they undertake to improve their practice and the patient experience with their services. Although ASHA supports the move toward value-based payment, we have raised concerns about how the existing programs will be modified to ensure that audiologists can fully engage and participate in MIPS.

With the advent of MIPS, CMS will sunset the existing quality initiatives. This means that there will not be mandatory reporting of quality measures for audiologists until at least 2019. In order to continue the PQRS reporting momentum that audiologists have gained, ASHA intends to begin recruitment and enrollment in an audiology qualified clinical data registry (QCDR) in 2017 to facilitate voluntary reporting.

The QCDR will be an online mechanism for the collection of MIPS-related quality data as well as other discipline-specific measures. NOTE: Although PQRS reporting ended in 2016 for non-physicians, the payment adjustments associated with 2016 reporting will still be applied in 2018 because of the standard 2-year lag between reporting and payment adjustment.
How Should Audiologists Prepare for MIPS?

Audiologists can stay informed about quality reporting by
- following discussions on the ASHA Audiology Community and in The ASHA Leader;
- subscribing to ASHA Headlines; and
- enrolling in the QCDR.

Determining whether to voluntarily participate in MIPS is not clear cut, as there are no immediate consequences for not doing so. Enrolling in the QCDR in 2017 is something that audiologists may want to strongly consider; it is a way to prepare for required participation in MIPS. CMS has signaled that they will not provide direct support for voluntary reporting at this time; however, joining ASHA’s registry will be a mechanism that helps prepare for the future of value-based payment. ASHA will continue to work with CMS and keep you informed as more details emerge.

If you have additional questions, please contact ASHA’s director of health care regulatory advocacy, Sarah Warren, at swarren@asha.org or 301-296-5696.

Resources
Change Ahead for Medicare Outpatient Quality Reporting and Payment, The ASHA Leader: http://leader.pubs.asha.org
From Volume to Value, The ASHA Leader: http://leader.pubs.asha.org

Take Action—QPP Preparedness List

Sign up for Headlines and review The ASHA Leader for updates.

Subscribe to Updates
Receive the latest Quality Payment Program updates.

Sign up for the CMS QPP program e-mail updates (https://qpp.cms.gov/resources/education)
The link to sign up is at the bottom of the website on the right hand side.

Track the annual rulemaking process. A proposed rule is issued around July 1, and a final rule is issued around November 1 each year. (www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesch.ed)

Sarah Warren, MA, Director, Health Care Regulatory Advocacy, ASHA
Affordability and accessibility of hearing aids continued to be a focal point at the federal level in 2016, when the National Academy of Sciences (NAS) issued its report on access to hearing health care and the Food and Drug Administration (FDA) held a stakeholder meeting on the 2015 recommendations of the President’s Council of Advisors on Science and Technology related to hearing aids.

**NAS**

In June 2016, the NAS issued its report, *Hearing Health Care for Adults: Priorities for Improving Access and Affordability*. In its report, NAS stated that people who need hearing health care services and technologies should be at the center of their own care, with the option to make decisions about what is the most appropriate care for them. NAS recommended removal of the medical waiver and called on the FDA to establish a new over-the-counter category of hearing devices for individuals with mild to moderate hearing loss. Additional NAS recommendations included promoting hearing health care at wellness and medical visits, the need for Medicare coverage of auditory rehabilitation, and the need for more research on the impacts of hearing loss as well as the development of quality measures to evaluate hearing health care services and improve patient outcomes.

**FDA**

The FDA also expressed interest in reviewing its policies related to hearing aids and personal sound amplification products by conducting a workshop early in 2016. The workshop was advertised as a means by which FDA could better understand how the agency can appropriately balance patient safety while encouraging advancements in hearing aid technology and access to these devices. ASHA’s comments to the FDA focused on the necessity of an audiologic evaluation and the continued need for audiologists to be involved in determining an individual’s degree and type of hearing loss.

**Congress Weighs In**

Members of Congress have indicated they would like to see greater access to hearing health care services. Several members of Congress have weighed in on access to hearing aids by introducing various legislation that would call for Medicare to cover hearing aids, and for the FDA to create a new category of low-cost hearing aids. ASHA continues to work with Congressman Gus Bilirakis (R-FL) in support of his legislation, H.R. 1116, which would allow Medicare to reimburse audiologists for both diagnostic and professional services. The bill would not change Medicare coverage of the device.
**The ICF: Person-Centered Care for Clinical Decision Making**

The World Health Organization (WHO) endorsed the International Classification of Functioning, Disability and Health (ICF) in 2001 as a framework for communicating information about an individual's disability and functioning across multiple disciplines (WHO, 2001). ICF is a biopsychosocial model in that it promotes an interdisciplinary, person-centered model of health care delivery that integrates aspects of the traditional biomedical model with an understanding of the impact of a health condition on a person's ability to engage in activities of daily living and participate in life events. Personal and environmental factors that might facilitate or impede the success of an individual are also considered.

The goal of the ICF is to foster interdisciplinary communication and clinical decision making that will maximize an individual’s functioning in the context of the everyday life situations that he or she deems most important. The ICF is well suited for a person-centered model of health care delivery, rather than a medical or curative model, because it places emphasis on function rather than on a disability or disease. Consequently, the ICF is most appropriate for the management of chronic health conditions such as hearing loss, tinnitus, or vertigo—all treated by audiologists.

The ICF compels audiologists in clinical practice to move away from a traditional medical model of care to a more person-centered/function-focused model of assessment, treatment, and outcomes measurement. It encourages the patient to be involved in identifying treatment goals. Health care providers must be aware of the dynamic interaction of the ICF domains and consider this interaction throughout the assessment and rehabilitation process—from the initial case history to development of an individualized plan of care to outcomes-based determination of treatment efficacy.

For example, in addition to the biomedical content derived from a case history, it is necessary to glean the impact of hearing loss on an individual's ability to perform and participate in daily activities that are important to him or her. We must also consider how personal factors such as personality traits and motivation—or environmental factors such as living conditions or accessibility challenges—interact with these activity and participation challenges. Likewise, development of a treatment plan needs to move away from reliance on the standard audiologic test battery as the sole determinant of hearing loss severity and disability to a more holistic look at how that individual functions. Clinical decisions must focus on managing the limitations that the hearing loss places on an individual's ability to conduct and participate in daily activities. Focusing on impairment alone—by providing only hearing aids, for example—will not address all of the challenges that an individual with hearing loss faces in his or her day-to-day life. The ICF encourages use of a common language across multiple disciplines to promote collaboration in the planning, delivery, and evaluation of services—in partnership with the patient and his or her family and support system—in order to maximize an individual's functioning in his or her world.

For more information on the ICF, see ASHA's web page dedicated to this topic at [www.asha.org/slp/icf](http://www.asha.org/slp/icf).

**References**


Lisa Rickard, AuD, CCC-A, Clinical Assistant Professor, Department of Hearing and Speech Sciences, University of Maryland, College Park
Audiology Special Interest Groups

SIG 6, Hearing and Hearing Disorders: Research and Diagnostics
The mission of Special Interest Group (SIG) 6 is to provide the opportunity for communication and collaboration between clinicians and researchers, with the goal of building a bridge between research findings and evidence-based practice related to hearing and balance. We are a community of audiologists and hearing scientists interested in a wide range of clinical and research issues involving the auditory and vestibular systems. Topics of interest include models of hearing, psychoacoustics, auditory processing, effects of genetic and/or environmental agents on the auditory and vestibular systems, tinnitus, diagnosis of hearing and balance disorders, aging and auditory-vestibular function, and hearing loss prevention and conservation. SIG 6 is guided by its Coordinating Committee, which includes Coordinator Keith S. Wolgemuth, Associate Coordinator Marilyn Dille, Professional Development Manager Anna Meehan, Perspectives Editor Ashley Harkrider, Perspectives Associate Editor Laura Dreisbach Hawe, member Erika Blanchard, and ex officio Deborah Berndtson.

SIG 7, Aural Rehabilitation and Its Instrumentation
Members of SIG 7 have a shared vision of maximizing the communication and quality of life for individuals of all ages with hearing and/or hearing-related disorders and their families. In support of evidence-based practice in patient- and family-centered care, we acknowledge three areas: (a) the importance of patient and family values and needs, (b) research evidence in aural rehabilitation, and (c) clinical expertise of practitioners. SIG 7 connects researchers and practitioners through a variety of participation opportunities. The SIG is led by its Coordinating Committee, which includes Coordinator Deborah S. Culbertson, Associate Coordinator Nicole Marrone, Professional Development Manager Charissa Lansing, Perspectives Editor Rebecca Kelly-Campbell, members Elizabeth Humphrey and Jani Johnson, and ex officio Paul Farrell.

SIG 8, Audiology and Public Health
SIG 8 is specifically devoted to public health issues related to hearing and balance. Established in 1988 as one of the inaugural Special Interest Divisions (now Special Interest Groups), SIG 8 has evolved over the years, and its mission is to address public health issues related to all aspects of audiology through a transdisciplinary, interprofessional collaborative practice (IPP) approach. The public health approach enables audiologists to help individual patients and/or large groups of people. It reduces the potentially devastating consequences of hearing, tinnitus, and balance disorders by preventing their development in the first place. The SIG 8 Coordinating Committee includes Coordinator Christi Themann, Associate Coordinator Vickie Tuten, Professional Development Manager Tina Penman, Perspectives Editor Jeffery Larsen, member Richard Tyler, and ex officio Pamela Mason.

Christi Themann, MA, CCC-A, SIG 8 Coordinator
Deborah S. Culbertson, PhD, CCC-A, SIG 7 Coordinator
Keith S. Wolgemuth, PhD, CCC-A, SIG 6 Coordinator
SIG 9, Hearing and Hearing Disorders in Childhood

SIG 9 provides a forum for members with a passion for childhood hearing. Our members include audiologists and speech-language pathologists who collaborate to serve children with hearing loss. We are building bridges with SIG 1 (Language Learning and Education) and SIG 16 (School-Based Issues) due to shared professional interests. We are also aiming for greater communication with colleagues who belong to the Educational Audiology Association (EAA). We cohosted the ASHA and EAA Networking Reception at the 2016 ASHA Convention.

Our Coordinating Committee includes Coordinator Aparna Rao, Associate Coordinator James Mahshie, Perspectives Editor Cynthia McCormick Richburg, Perspectives Associate Editor/Professional Development Manager Kristina M. Blaiser, members Donna Fisher Smiley and Melissa Ferrello, Continuing Education Manager Kathryn Beauchaine, and ex officio Anne Oyler.

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For more information, visit www.asha.org/sig
Providing Community for ASHA’s Next Generation

Are you an early career professional? Do you wish there was a community of people with whom you could network to swap ideas, ask questions, and get advice? Back in 2013, ASHA recognized the importance of enhancing resources for early career professionals (ECPs) to provide opportunities for training, networking, and leadership development. An ASHA ECP is defined as a member under the age of 30 years or with 5 years or fewer in the profession. The Ad Hoc Committee on Leadership Cultivation submitted a report to the ASHA Board of Directors (BOD) recommending that initiatives be developed for ASHA’s ECPs.

An ASHA ECP is defined as a member under the age of 30 years or with 5 years or fewer in the profession.

The BOD established the Ad Hoc Committee on the Next Generation (Ad Hoc NGC) as a direct result of that report. The BOD also determined that the committee should be composed of ECP members from both professions (audiology and speech-language pathology). The Ad Hoc NGC was charged with developing recommendations regarding how ASHA can (a) provide a community for ECPs; (b) provide training, networking, and leadership to encourage ECP engagement within ASHA; (c) communicate and collaborate with ECPs; and (d) provide opportunities to make ASHA leaders and members aware of ECPs’ interests, accomplishments, and contributions. The committee submitted their recommendations to the BOD in April 2016.

Reyhaneh Rajabzadeh, CCC-SLP, chair of the Ad Hoc NGC, said, “The committee is excited to get to work and create a community for ASHA ECPs. We hope to launch an ECP online community in 2017 and encourage all audiology ECPs to join it and be active. The purpose of the online community is to build a platform where ECPs can interact with one another, network, ask questions, and discuss current issues within the professions. We also welcome ideas from our audiology ECPs on ways to enhance networking and provide professional and leadership opportunities for our colleagues early in their audiology career.”

Recognizing that some of the report’s initiatives would need ECP insight and involvement, the BOD reestablished the Ad Hoc NGC for 2 years to assist with implementation of the recommendations.

Recommendation highlights include the following:

- Form an ECP online community that would be accessible and available exclusively to ECPs within the Association.
- Develop a new-member welcome guide to communicate the resources and benefits of ASHA to members when they first join the Association.
- Encourage ECP-specific sessions at the ASHA Convention, encourage ECPs to submit proposals, and conduct a yearly ECP networking event at Convention.
- Develop an ECP web page on ASHA’s website that will serve as “one-stop shopping” for ECP resources offered by ASHA.
- Expand educational resources to include education sessions directly targeting ECPs.
- Broaden ASHA’s popular Leadership Development Program to include individuals who have served as members (not chairs) of an ASHA committee, board, or council.
- Encourage ECP representation on ASHA’s committees, boards, and councils.
- Develop guidelines for ECPs on how to get employer support and engage leaders in the early stages of their careers.
- Increase educational resources on advocacy geared toward ECPs, including topics such as the importance of advocacy efforts within the discipline and how grassroots advocacy can effect large-scale change.

Andrea M. Falzarano, CAE, Director, Association Governance Operations, ASHA
Audiology at the ASHA Convention

ASHA Convention is the largest annual in-person event that brings together audiologists, speech-language pathologists, and speech, language, and hearing scientists. ASHA’s 2016 Convention in Philadelphia saw record-breaking attendance and was packed full of educational programming and special activities for audiologists and audiology students.

Practitioners, faculty, researchers, and students found an impressive lineup of presentation topics and formats. Highlights included the following:

- Mini-series sessions concentrating on ototoxicity, vestibular and balance issues, and noise-induced hearing loss.
- A special panel session focused on personal sound amplification devices (PSAPs).
- Large number of sessions on a variety of hot topics such as telepractice, traumatic brain injury, tinnitus, and interprofessional practice.
- ASHA’s Annual Research Symposium was titled “Advances in Auditory Attention Research: Processing Complex Auditory Stimuli.”

Fun networking events afforded audiologists and audiology students the opportunity to meet and talk with colleagues in a casual setting:

- The Audiology SIGnificant Luncheon—sponsored by the audiology-related Special Interest Groups (SIGs)—SIGs, 6, 7, 8, and 9—brought more than 80 attendees together to learn about ASHA’s SIGs while enjoying a complimentary lunch.
- ASHA hosted a reception, “Celebrating Everyday Leaders in Childhood Hearing,” with colleagues from the Educational Audiology Association. About 75 professionals who work on behalf of children with hearing loss attended this gathering of pediatric educational, clinical, and research audiologists and speech-language pathologists.
- The ASHA Awards Ceremony, which celebrates achievements and excellence in the professions, recognized the nonprofit organization Hearing Education and Awareness for Rockers (H.E.A.R.) with the Annie Glenn award. H.E.A.R. raises awareness of noise exposure dangers to musicians and rock fans.
- Immediately following the ASHA Awards Ceremony was a special Audiology Open House. Several ASHA Board members participated; attendees enjoyed light appetizers and a cash bar.
- Approximately 80 audiology students attended as part of a special incentive that provided them with free registration and support as they navigated their first ASHA Convention. Dozens more students attended via ASHA award programs, such as the Audiology/Hearing Science Research Travel Award.

The ASHA Convention Program Committee will build off the momentum from the 2016 Convention as they plan for 2017. Committee Chairs are committed to growing and strengthening the audiology programming and deepening the focus on interprofessional collaboration. Join us for the ASHA Convention in Los Angeles!
ASHA Professional Development
Free Case Studies

Do you love relevant, practical—free—ASHA Continuing Education (CE) courses? ASHA’s second iteration of Case Studies is still underway! Don’t miss your opportunity to learn from leading experts covering a diverse range of topics tailored to help you excel in your career.

Case Studies “2.0” started in January and includes eight free continuing education unit (CEU) courses over 8 months. It’s the same, succinct 30-minute video format, tackling relevant problems and offering real-world solutions and takeaways. Each of this year’s courses also illustrates a practical connection with one of ASHA’s eight Strategic Objectives. We hope you’re enjoying the current series! If you haven’t seen it yet, head on over to www.asha.org/shop to register.

Special Thanks
ASHA Professional Development (APD) extends its deepest thanks to all of the speakers who presented in the recent ASHA Case Studies series.

In particular, we would like to recognize Kenneth Henry, Dusty Jessen, Joseph Montano, Jeanane Ferre, Teresa Zwolan, and Donna Fisher Smiley for their time and hard work spent creating outstanding audiology presentations. Many thanks to ASHA’s own Anne Oyler, of the Audiology Professional Practices team, for all her hard work supporting these sessions, too! And a special thanks to all of our engaged members who voted “yes” this past November to continue the series!

APD is ASHA’s “in-house” provider of ASHA CE courses. Our team works to deliver innovative learning experiences that bring together evidence-based science, the best practices in adult education, a breadth and depth of topics, practical applications, and connections to thought leaders and curated content. We offer a constantly updated, well-rounded portfolio of more than 350 active courses.

To celebrate our team’s 15-year anniversary, we offered 15 free ASHA CE courses over 15 months, starting in July 2015. More than 40,000 members participated in the series—and, by the end of the 15 months, they had accumulated more than 175,000 course completions. Our members voted “yes” to continue the series in 2017. If you missed any of the courses, the video content is freely available on ASHA’s YouTube channel (www.youtube.com/user/ASHAWeb), under the “Case Studies by ASHA Professional Development” playlist. Check them out!

Jack Coursen, Associate Director, Professional Development, ASHA

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ASHA’s CEUFind
Finding courses offered for ASHA CEUs is easier than ever! Just use ASHA CEUFind (www.asha.org/CEUFind). After entering a keyword or phrase, a location, a course title, a provider name, and so forth, you can then filter the results by setting, format, number of CEUs, start date, instructional level, content area, and ASHA Approved CE Provider. The course offering information is refreshed nightly.

You can also go to www.asha.org/CEUFind to find course offerings held within the past 36 months using the Archived Courses application.

View Your ASHA CE Registry Transcript 24/7!
Audiologists who join the ASHA CE Registry can access their CE Registry transcript information online. Individuals may view courses on their personal transcripts, find out how many ASHA CEUs they have earned for specific courses, and see the number of CEUs earned in their active and prior certification maintenance intervals by going to the ASHA CE home page at www.asha.org/ce and selecting “View Your Transcript.”

The application is also accessible on a smartphone or tablet. Not a member of the ASHA CE Registry? Join today for a safe, secure, and simple way to track the ASHA CEUs you’ve earned through courses offered by ASHA Approved CE Providers. For more information, visit www.asha.org/ce.

Look for the ASHA Approved CE Provider Insignia
ASHA Approved CE Providers have an insignia that you may see in course advertisements—both online and in print—and at conferences you attend. These providers meet ASHA Continuing Education Board standards and offer high-caliber learning experiences. The insignia is a convenient way to

- Identify ASHA Approved CE Providers;
- Find CE Providers that offer courses that help you maintain certification and meet your state licensure and regulatory agencies’ CE requirements; and
- Find CE Providers that offer workshops, seminars, and conferences that are within the scopes of practice for audiology and speech-language pathology.

“Never stop learning, because life never stops teaching.”
—Anonymous

Renee Levinson, MA, MBA, CCC-A, and Jo Ann Linseisen, MA, Associate Directors, ASHA Continuing Education

www.asha.org/aud 2017 AUDIOLoGY CONNECTIONS —21
Audiology Online Conference 2017
Cutting-Edge Perspectives in Service Delivery for Older Adults

October 11–23, 2017

Mark your calendar to join us for the 2017 Audiology Online Conference on Cutting-Edge Perspectives in Service Delivery for Older Adults. Learn strategies for treating this patient population. The conference covers the following topics:

- The importance of patient-centered care and building trust
- Comorbid conditions to consider
- Increased risk of cognitive decline with untreated hearing loss
- Synergistic effects of polypharmacology on patient treatment
- Comprehensive audiologic rehabilitation using interprofessional practice
- Communication skills needed for palliative care

For details, see www.asha.org/events/aud-conf.

Comments From Attendees of the Audiology 2016 Online Conference

“I loved that I could access the presentations at any time that was convenient to me. It was very well organized, and the website was easy to use. All the courses were valuable to my job and continuing education.”
—Mollie J., Webster, NY

“I thought it was so relevant to what we do in the schools as audiologists. It gave many resources for us to access. It was all very practical and user-friendly information. It was just an excellent conference, and it covered many areas in quite a bit of depth. I will use much of the information gleaned in my programming.”
—Jane H., Grand Forks, ND

“I liked how the coordinators intertwined the sessions. It never hurts me to hear the same concept presented from different perspectives. And to have ALL educational audiology topics in one spot!!! Spoiled me rotten!”
—Vernae L., Wakefield, NE

“The opportunity to connect with other professionals was terrific.”
—Anna H., Eden Prairie, MN

“It’s great to be able to listen via iPhone/iPad/work computer. I listened to several of these talks on my commute to work.”
—Erin D., Stanwood, WA
A Look Back at the ASHA 2016 Audiology Online Conference

Planning for the 2016 Audiology Online Conference, “Collaborative Strategies for Students With Hearing Loss,” began in the fall of 2015. I had the privilege of being part of the conference planning team that also included Jane Seaton and Anita Vereb. We are all passionate about providing the best, outcomes-driven services to students who have hearing loss and ensuring access to education for all students in auditory-based learning environments.

The 15 pre-recorded sessions, offering up to 3.0 ASHA continuing education units (CEUs), were planned to emphasize that success for students with hearing challenges is best achieved using outcomes-driven strategies and a collaborative, interprofessional team approach. Topics included technology (hearing aids, cochlear implants, frequency modulation [FM] systems); universal design for learning; classroom acoustics and strategies for access; counseling and support; auditory skill development; literacy; central auditory processing disorders; cutting-edge information related to outcomes; and the shifting landscape of audiology in the school environment. Presenters were on hand for live text-based chats and also interacted with participants through online message boards.

I was honored to present the plenary session for Audiology 2016 and wish to extend my heartfelt thanks to our conference faculty, which included Sam Atcherson, Ivette Cejas, Tina Childress, Kimberlee Crass, Andrea Hilllock Dunn, Jeanane Ferre, Cheryl DeConde Johnson, Ryan McCreery, Mary Ellen Nevins, Jane Seaton, Joseph Smaldino, Kelly Nicholas Starr, Linda Thibodeau, Anita Vereb, Sherri Vernelson, Elizabeth Walker, Krista Yuskow, and Teresa Zwolan. In keeping with the interprofessional focus, presenters represented audiology, speech-language pathology, Deaf education, psychology, and public health.

If you missed this conference, the presentations are now available on demand. To order, visit on.asha.org/audiology-16.

Donna Fisher Smiley, PhD, CCC-A, Audiologist, Arkansas Children’s Hospital, Little Rock, Arkansas; former Vice President for Audiology Practice, ASHA

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Collaborative Strategies for Students With Hearing Loss: 2016 Audiology Online Conference

Available On Demand!

Did you miss our 2016 audiology online conference, Collaborative Strategies for Students With Hearing Loss? Not to worry—the presentations from this popular conference are now available on demand. Get practical, outcomes-driven strategies to improve access to education for students with hearing loss. Choose our “Best Buy” option to get all three presentations from the original conference for one low price.

Visit on.asha.org/audiology-16.
CULTURAL COMPETENCE

Filling the Cultural Competence Glass

Cultural competence involves understanding and appropriately responding to the unique combination of cultural variables—including ability, age, beliefs, ethnicity, experience, gender, gender identity, linguistic background, national origin, race, religion, sexual orientation, and socioeconomic status—that the professional and the client/patient bring to interactions. (www.asha.org/Practice-Portal/Professional-Issues/Cultural-Competence).

“How qualified do you believe you are to address cultural and linguistic influences on service delivery and outcomes?” is a question that has been included on several ASHA member surveys. The question is intended to gauge respondents’ self-assessed level of awareness and knowledge of the impact of cultural and linguistic influences on the clinical interaction—from the perspective of both the client/patient and the professional service provider. Here are some examples:

- Is there awareness of and responsiveness to how an audiolingual evaluation differs for a client/patient who does not speak English?
- How would the case history form be modified to accommodate a variety of family structures?
- Is there a need for interpreters, translators, and transliterators?
- Is there also a need to determine which of these services are required?

In 2010, 2012, and 2014, audiologists were asked to use a 5-point scale (from not at all qualified to very qualified) to rate themselves in response to the “cultural competence question.”

- 22% of respondents rated themselves as 4 (qualified)—up from 15% in 2010 and 19% in 2012.
- 9% rated themselves as 5 (very qualified)—up from 5% in 2010 and 7% in 2012.
- Audiologists in the industry setting were more likely than those in other settings to rate themselves as 1 (not at all qualified) or 2 (not qualified). Percentages for combined 1 and 2 ratings for industry-based audiologists ranged from 42% to 58% in these years.
- Audiologists in colleges/universities were more likely than those in other settings to rate themselves as 4 (qualified) or 5 (very qualified). Percentages for combined 4 and 5 ratings for college/university-based audiologists ranged from 32% to 44% in these years. In 2010 and 2012, 5%–9% of audiologists in private practice rated themselves as very qualified; 8%–18% rated themselves as qualified.

Additional indicators of members’ cultural competence revealed the following findings:

- Audiologists used an interpreter or cultural broker (48%) more often than any other approach to address cultural and linguistic influences on communication. This response varied by type of facility, from 67% of audiologists in schools to 36% in colleges and universities.
- Almost 16% of elementary school audiologists—11.1% of those in combined school settings and 12.2% of those in all facility types—indicated a “lack of training in ELLs, technology, low-incidence disorders, or curriculum-based instruction” in response to the question, “What are your greatest challenges as a school-based professional?”

The results of the “cultural competence question” and other indicators are needed to help plan activities, develop programs, and track progress related to ASHA’s Strategic Pathway to Excellence—in particular, to Strategic Objective #8 (Increase Members’ Cultural Competence). Whether currently considered one third full or two-thirds empty, efforts to fill the cultural competence glass will continue.

References

Karen L. Beverly-Ducker, MA, CCC-A, CAE, Director, Multicultural Resources, ASHA

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2017 Accreditation Standards

What’s New?

The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) is the semi-autonomous entity that accredits graduate education programs in audiology and speech-language pathology. It helps academic programs ensure that they are graduating students who are prepared, academically and clinically, to provide effective professional services. Accredited programs provide students with opportunities to develop professional knowledge and skills so that they can serve the public with excellence and integrity and qualify for relevant credentials. The CAA engages with academic programs to advance quality education and enhance the professions. Thus, the process of academic accreditation is an integral part of professional preparation.

Development of Standards

The CAA facilitates programs’ quality improvement by the development and application of educational standards and by promoting accountability through ongoing external evaluation. This accountability applies to CAA’s accreditation activities as well as to graduate programs. As an accreditor recognized by the U.S. Secretary of Education and the Council for Higher Education Accreditation, the CAA is required to conduct periodic comprehensive reviews of its standards, most recently in 2014–2016. The recent standards validation and revision process was based, in part, on the results of the Practice and Curriculum Analysis of the Profession of Audiology (hereafter, “Practice Analysis”). The Practice Analysis engaged stakeholders in defining a quality educational experience and identifying the core knowledge and skills important for graduates to have when first entering professional practice. In addition, the Practice Analysis provided information on where the knowledge and skills should be learned (i.e., academic program classroom/laboratory, clinical experience prior to or during final year of program, on the job). Based on this input, the CAA developed and widely distributed proposed standards for peer review and approved new standards at its February 2016 meeting. The final version of the new standards, along with a side-by-side comparison, is available at caa.asha.org/reporting/standards/2017-standards.

Changes and Implementation

A few key changes in the standards were made in terms of content and format. The CAA added a new section on Professional Practice Competencies within the Curriculum section, as Standard 3.1.1A. These competencies include behaviors and attributes essential for graduates to exhibit before entering practice (e.g., accountability, integrity, clinical reasoning). The CAA also added emerging knowledge areas related to interprofessional education, interprofessional practice, and supervision. In terms of format, the CAA divided each standard into discrete elements to better distinguish compliance expectations. In addition, the CAA presented the standards in two parts: the Standard, which indicates the “must” outcome, and the Requirement for Review, which provides interpretations or explanations of the standard. The CAA created a separate resource, titled Documentation Guidance, which suggests ways in which programs can document compliance with the standards, and added a glossary to define key terms in the standards.

In order to give programs sufficient time to demonstrate compliance, the revised standards will become effective August 1, 2017. The CAA has been in communication with all programs and has developed a complete implementation schedule, available on the CAA’s website (caa.asha.org/reporting/standards/2017-standards), to ensure that programs are aware of timelines and expectations.

Get Involved!

Audiologists like you play an important role in helping ensure that education programs are preparing future audiology professionals to provide quality services. Consider volunteering as a site visitor or running for election to the CAA. You can also help define academic quality by providing input on future practice analyses and peer reviews of proposed revisions to the standards. We look forward to partnering with audiologists like you in academic and practice settings to ensure the integrity and quality of CAA’s accredited programs.

Annette E. Hurley, PhD, CCC-A (2017 CAA Chair), Mikael D. Z. Kimelman, PhD, CCC-SLP (2016 CAA Chair), and Patti Tice, Director of Accreditation, ASHA (Left–Right)
Audiology/Hearing Science Research Travel Award (ARTA)

Audiology students and postdoctoral fellows, are you interested in research and attending the ASHA Convention? Audiology faculty, do you know a promising student or postdoctoral fellow who could benefit from attending Convention? Learn more about the Audiology/Hearing Science Research Travel Award (ARTA), and get ready for the ASHA Convention in Los Angeles, November 9–11, 2017!

ASHA sponsors the ARTA for students interested in expanding their knowledge in audiology and/or hearing science. Awardees experience the excitement of learning and sharing with ASHA Convention attendees—and make valuable connections with like-minded students, researchers, and other professionals to further awardees’ research interests.

Eligibility

Applicants are eligible if they have not previously won the award and are, at the time of application submission, enrolled in one of the following:

- Clinical doctoral degree (AuD) program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA)
- Research doctoral degree (PhD) program in audiology or hearing science
- Combined clinical doctoral/research doctoral degree (AuD/PhD) program in audiology or hearing science (one in which the clinical doctoral program is accredited by the CAA)
- Postdoctoral fellowship program in audiology or hearing science

Stipend and Responsibilities

ARTA awardees will each receive a certificate, a stipend of $500, and complimentary registration for the ASHA Convention. Awardees are required to attend designated sessions and events, including pre-Convention events. Meals are covered at many of these events. There is ample opportunity to attend additional Convention sessions of interest.

Application

Visit www.asha.org/students/ARTA-Award. The application form for 2017 will be available at this URL in March. All application materials must be received by May 1, 2017; award notification will take place in July. Contact academicaffairs@asha.org if you have questions.

2016 ARTA Recipients

We had a record number of ARTA applicants and awardees in 2016. Congratulations to the individuals who received the award to attend the ASHA Convention in Philadelphia, November 17–19, 2016.

See all the 2016 awardees at www.asha.org/Students/ARTA-Award-Recipients.

Maureen Salamat, Audiology Project Manager, Audiology Professional Practices, ASHA

ARTA 2016 Awardees

2017 AUDIOLOGY CONNECTIONS asha.org/aud
Experiencing the ASHA Convention as an ARTA Recipient

From invaluable peer connections to professional networking to dynamic faculty presentations, the opportunities offered through ASHA’s Audiology/Hearing Sciences Research Travel Award (ARTA) have been exceptional. As a second-year doctor of audiology (AuD) student enrolled at Vanderbilt University School of Medicine, I am interested in pursuing dual AuD/PhD degrees, with a specific concentration on childhood deafness and pediatric aural rehabilitation. As an ardent ASHA supporter, I was grateful to join this year’s ARTA cohort in Philadelphia. This experience further nurtured my passion for evidence-based research and clinical practice in audiology.

Throughout my education, I have participated in ASHA’s academic initiatives and mentoring programs, including local philanthropy events and advocacy efforts. In addition to leading our University of Connecticut (UConn) campus chapter as former National Student Speech Language Hearing Association (NSSLHA) president, I was selected as an undergraduate recipient of the 2014 Students Preparing for Academic & Research Careers (SPARC) Award, and I also completed a Summer 2016 Vanderbilt NIH NIDCD–funded T35 Research Traineeship. Collaborating with mentors such as Anne Marie Tharpe and Rachel Theodore has fueled my commitment to positively influencing audiology as a future clinician-researcher.

As a first-time ASHA Convention attendee, I was invigorated and inspired by the Opening Session, which followed an energetic introduction by ASHA President Jaynee A. Handelsman. Keynote Speaker Drew Dudley delivered an empowering tribute to the transformative value of “everyday leadership” in our personal and professional lives. The Information Sharing Luncheon supplied beneficial resources and advice to maximize the PhD student journey and to foster our ongoing success in pursuit of faculty-research careers. Exclusive events such as the Researcher-Academic Town Meeting and the Founders Breakfast allowed us to embrace the advances in and growing influence of ASHA’s various scholarship programs, media outreach, and community service contributions. Highlighting the achievements of veteran experts and honorable leaders in the CSD literature, the ASHA Awards Ceremony was truly exhilarating!

The Research Symposium titled “Advances in Auditory Attention Research: Processing Complex Auditory Stimuli” offered another opportunity to interact with experts in the profession. With an interdisciplinary focus on integrating research and clinical work, smaller daily seminars addressed practical concerns and innovative solutions to the challenges imposed by hearing loss. These presentations complemented the didactic component of my doctoral studies and personal research interests. I also enjoyed the chance to exchange ideas and goals with motivated colleagues, and learn about additional academic-research award options from ASHA Academic Affairs and Research Education representatives at the Exhibit Hall lounges and welcome receptions.

In addition to supplementing my AuD curriculum and expanding my research knowledge, participation in the ARTA program enabled me to realize my potential as a Convention-goer, scholar, researcher, clinician, and educational leader. Enlightened by the diverse perspectives and new relationships that I gained at the ASHA Convention, I am better equipped to enrich our audiology and scientific community. I greatly appreciated this 2016 ARTA opportunity, and I encourage all interested AuD/PhD students to consider applying for this phenomenal experience in Los Angeles this November!

Emily Thompson, AuD Student, Vanderbilt University School of Medicine
# ASHA Award, Mentoring, and Research Education Programs

<table>
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<tr>
<th>Program</th>
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<th>Awardees</th>
<th>Eligibility</th>
<th>Funding</th>
<th>More Info (General Deadline)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advancing Academic-Research Careers (AARC) Award</td>
<td>Supports new faculty development in CSD through mentored academic and research activities</td>
<td>✔</td>
<td>Junior faculty in a CSD department with research doctoral degree</td>
<td>10 awards of $5,000 each</td>
<td><a href="http://www.asha.org/students/AARC-Award">www.asha.org/students/AARC-Award</a> (Due in April)</td>
</tr>
<tr>
<td>Audiology/Hearing Science Research Travel Award (ARTA)</td>
<td>Fosters student research interests in audiology and hearing science through support for travel to attend the ASHA Convention</td>
<td>✔</td>
<td>Audiology or hearing science doctoral students (e.g., PhD, AuD) and postdoctoral fellows</td>
<td>20 awards of $500 each and Convention registration</td>
<td><a href="http://www.asha.org/students/ARTA-Award">www.asha.org/students/ARTA-Award</a> (Due in May)</td>
</tr>
<tr>
<td>Minority Student Leadership Program (MSLP)</td>
<td>Enhances leadership skills through interacting with leaders in the professions, and learning how the Association is governed</td>
<td>✔</td>
<td>Undergraduate CSD seniors, master’s, and doctoral (e.g., AuD, PhD) students from underrepresented populations</td>
<td>Convention registration, lodging, meals, program stipend, and materials</td>
<td><a href="http://www.asha.org/students/MSLP-Award">www.asha.org/students/MSLP-Award</a> (Due in May)</td>
</tr>
<tr>
<td>Research Mentoring Pair Travel Award (RMPTA; funded in part by NIDCD*)</td>
<td>Cultivates research careers through support for travel to the ASHA Convention to attend the NIDCD-supported Research Symposium and meet with a mentor</td>
<td>✔ ✔</td>
<td>Master’s and doctoral (e.g., PhD, AuD) students, postdoctoral fellows, and junior faculty</td>
<td>15 awards of $750 per protégé and $250 per mentor, and Convention registration for each</td>
<td><a href="http://www.asha.org/students/RMPTA-Award">www.asha.org/students/RMPTA-Award</a> (Due in July)</td>
</tr>
<tr>
<td>Student Ethics Essay Award (SEEA)</td>
<td>Fosters ethical decision making by students preparing for careers in audiology, speech-language pathology, or speech, language, and hearing science</td>
<td>✔</td>
<td>Undergraduate, postbaccalaureate, or entry-level graduate program CSD students, currently enrolled part time or full time</td>
<td>Typically, 3 monetary awards; 1-year National NSSLHA membership per awardee</td>
<td><a href="http://www.asha.org/practice/ethics/essay_award">www.asha.org/practice/ethics/essay_award</a> (Due in April)</td>
</tr>
<tr>
<td>Student Research Travel Award (SRTA)</td>
<td>Supports Convention travel for the top-rated, first-authored student presentation in each Convention topic area</td>
<td>✔</td>
<td>Undergraduate, master’s, and doctoral (e.g., PhD, AuD) students</td>
<td>For each Convention topic area, one award of $500 and Convention registration</td>
<td><a href="http://www.asha.org/students/SRTA-Award">www.asha.org/students/SRTA-Award</a> (Due on Convention submission deadline)</td>
</tr>
<tr>
<td>StudentsPreparing for Academic-Research Careers (SPARC) Award</td>
<td>Promotes student interest in the pursuit of PhD education and careers in academia</td>
<td>✔</td>
<td>Undergraduate CSD juniors and seniors, 1st-year master’s students, and 1st- or 2nd-year AuD students</td>
<td>10 Awards of $1,000 each</td>
<td><a href="http://www.asha.org/students/SPARC-Award">www.asha.org/students/SPARC-Award</a> (Due in April)</td>
</tr>
</tbody>
</table>

*National Institute on Deafness and Other Communication Disorders, U.S. Department of Health and Human Services.

**Those with a clinical doctorate will be considered on a case-by-case basis.
### ASHA Award, Mentoring, and Research Education Programs

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<tr>
<td>Mentoring Academic and Research Careers (MARC)</td>
<td>Program that supports achieving and sustaining a rewarding career in academia through one-on-one, online mentoring by seasoned faculty</td>
<td>✔️</td>
<td>CSD PhD students, postdoctoral fellows, and junior faculty</td>
<td>n/a</td>
<td><a href="http://www.asha.org/students/mentoring/marc">www.asha.org/students/mentoring/marc</a> (Due in September)</td>
</tr>
<tr>
<td>Student to Empowered Professional (S.T.E.P.)</td>
<td>Provides guidance, feedback, and support for professional development by providing one-on-one, online mentoring by CSD clinicians, faculty, or practitioners</td>
<td>✔️</td>
<td>Undergraduate, master’s, and doctoral (e.g., PhD, AuD) CSD students, with preference given to those from underrepresented populations</td>
<td>n/a</td>
<td><a href="http://www.asha.org/students/mentoring/tep">www.asha.org/students/mentoring/tep</a> (Due in September and December)</td>
</tr>
<tr>
<td>Clinical Practice Research Institute (CPRI)</td>
<td>Provides funds to support the planning and preparation of a research grant proposal that addresses evidence-based practice in CSD</td>
<td>✔️</td>
<td>Researchers focused on clinical practice research who have applied for federal research funding</td>
<td>Variable</td>
<td><a href="http://www.asha.org/Research/CPRI">www.asha.org/Research/CPRI</a> (Due in January)</td>
</tr>
<tr>
<td>Grant Review and Reviewer Training (GRRT)</td>
<td>Provides instruction on processes involved in conducting scientific grant review and includes participant review of ASHFoundation grant applications</td>
<td>✔️</td>
<td>Researchers with federal research funding</td>
<td>~30 participants—Travel, lodging, and meals</td>
<td><a href="http://www.asha.org/research/GrantReviewTraining">www.asha.org/research/GrantReviewTraining</a> (Attendance by invitation only)</td>
</tr>
<tr>
<td>Lessons for Success Conference (LFS; funded in part by NIDCD*)</td>
<td>Delivers intensive training to emerging scientists in the areas of grant preparation and funding, development and management of independent research programs, and advancement of professional competencies</td>
<td>✔️</td>
<td>PhD candidates, postdoctoral fellows, and junior faculty who have applied for extramural research funding*</td>
<td>~30 participants—Travel, lodging, and meals</td>
<td><a href="http://www.asha.org/Research/L4S">www.asha.org/Research/L4S</a> (Due in January)</td>
</tr>
<tr>
<td>Pathways (Established with NIDCD funding*)</td>
<td>Provides mentoring to early-career clinical scientists in developing strong foundations for independent research careers</td>
<td>✔️</td>
<td>The following clinically trained professionals: PhD candidates, postdoctoral fellows, and junior faculty*</td>
<td>~10 participants—Travel, lodging, and meals</td>
<td><a href="http://www.asha.org/research/pathways-program">www.asha.org/research/pathways-program</a> (Due in December)</td>
</tr>
<tr>
<td>PROmoting the Next GENERation of Researchers (PROGENY)</td>
<td>Encourages research careers for undergraduates by matching researchers attending Convention with poster presenters who are undergraduates</td>
<td>✔️</td>
<td>Undergraduate students, each of whom is the first author on an ASHA Convention poster session</td>
<td>10 awards of Convention registration</td>
<td><a href="http://www.asha.org/Research/PROGENY">www.asha.org/Research/PROGENY</a> (Convention submission deadline)</td>
</tr>
</tbody>
</table>

For more information, contact academicaffairs@asha.org. You can download a PDF poster version of this chart at [www.asha.org/uploadedFiles/ASHA-Award-Mentoring-Research-Education-Programs-Chart.pdf](http://www.asha.org/uploadedFiles/ASHA-Award-Mentoring-Research-Education-Programs-Chart.pdf)
Benefits of ASHA Membership
Take advantage of all the benefits of ASHA membership today!

As an ASHA member, you are part of a vibrant community of 191,500 CSD professionals, 14,000 of whom are audiologists. We provide you with evidence-based practice, professional education, advocacy, and a supportive community to help you make a difference. Find audiology-specific resources at www.asha.org/aud, on the ASHA Practice Portal at www.asha.org/practice-portal, and through professional consultation with staff audiologists at audiology@asha.org.

Knowledge
- Research, discussions, and ideas—Visit ASHAWire for access to four peer-reviewed ASHA journals (http://journals.pubs.asha.org), and The ASHA Leader (http://leader.pubs.asha.org).
- Evidence-based resources—The Practice Portal (www.asha.org/practice-portal) is your one-stop access to resources that help guide evidence-based decision making on clinical and professional issues.

Learning
- Continuing Education (CE)—ASHA Professional Development (www.asha.org/professional-development) provides a variety of professional CE opportunities.
- CE tracking—The ASHA CE Registry (www.asha.org-ce) is the only service that tracks the ASHA continuing education units (CEUs) that you earn—and members get a discount!
- ASHA Convention—Get a significant discount on the premier professional education event for audiologists, hearing scientists, audiology support personnel, and students (www.asha.org/events/Convention).
- Audiology Online Conference—Enjoy access to audiology-specific programming alongside other audiologists (www.asha.org/Events/Audiology/About-Online-Conferences).

Outreach
- Advocacy—The shared concerns of the professions—educational policies, funding for programs, and state licensure laws—are communicated by grassroots calls to action (www.asha.org/takeaction).
- Public Relations (PR)—ASHA PR (www.asha.org/About/news/Public-Relations-Initiatives) publicizes the professions through media relations, major campaigns, and additional outreach.

Community
- Community—Tap into the collective expertise of your fellow audiologists through the ASHA Community (http://community.asha.org).
- Exclusive professional communities—Join a Special Interest Group (SIG) (www.asha.org/SIG), and receive access to all 19 issues of Perspectives of the ASHA Special Interest Groups.
- Student to Empowered Professional (S.T.E.P.)—This is an online mentoring program in which mentees and mentors communicate to address short- or long-term goals (www.asha.org/students/mentoring/step).
- Grow your practice—ASHA’s professional referral service, ASHA ProFind (www.asha.org/ProFind) helps you connect to the public.
- Career resources—Locate job openings or post jobs on the ASHA Career Center (www.asha.org/careers) and in The ASHA Leader.

Money-Saving Affinity Benefits
- Professional Liability Insurance—ASHA offers professional liability insurance tailored to the special needs of audiologists through Mercer Consumer. Please call 866-795-9340, or visit www.ashainsurance.com.
- Auto Insurance—Offered through GEICO. Please call 800-368-2734, or visit www.geico.com.
- Credit Card Processing—Receive a discount on credit card processing through Elavon. Please call 800-546-1831.
- Preventive health screenings—LifeLine Screening is offering exclusive discounts on preventive health screenings for ASHA members, their families, and friends. Call 866-579-5074 to schedule a screening.
- Absolute lowest price on your generic prescriptions—Print your FREE RxCut® Plus prescription savings card from www.rxcut.com/ASHA.

Visit www.asha.org to take advantage of the benefits that fit your needs.

Mike Skiados, CAE, Director, Membership, and Peggy Savage, Member Relations Manager, ASHA
Gift to the Grad
ASHA’s Special Offer for Graduates:
Apply Between May 1 and August 31, 2017

Gift to the Grad, ASHA’s annual member recruitment campaign, is a special offer for recent graduates to help them prepare for their career and to ease the financial burden that they might experience as a young professional.

ASHA is committed to making the transition from student to professional more affordable. Gift to the Grad is one of several money-saving options that ASHA offers to new graduates. When a graduate applies for membership and certification between May 1 and August 31 of their year of graduation, he or she will receive up to 20 months of membership for the price of 12 months. Applicants may also combine the Gift to the Grad with the National Student Speech Language Hearing Association (NSSLHA) Conversion Discount, which is offered to graduates who have maintained 2 consecutive years of national membership in NSSLHA—for a total savings of $450.

For more information, visit www.asha.org/students/gradgift, e-mail joinasha@asha.org, or call the ASHA Action Center at 800-498-2071.

Grow Your Audiology Practice With ASHA ProFind

As an audiologist, you embrace technology. You use advanced tools to perform diagnostic testing. You dispense the latest digital programmable hearing aids.

And you know that more people than ever are conducting online searches for audiology and other clinical services.

ASHA has your back with ASHA ProFind, a state-of-the-art, online directory of ASHA-certified audiologists. A free benefit for all ASHA members, ASHA ProFind is especially relevant for audiologists in private practice, as consumers are increasingly turning to the web to find qualified providers.

Members can choose from a range of options to enhance their listings and can update details easily. So get started on or expand your profile today. Joining is easy, and with just a few clicks, your information can be at the public’s fingertips.

Visit www.asha.org/ProFind to grow your practice. For more information, contact memberbenefits@asha.org.

To help us maintain and improve ASHA ProFind, we welcome your feedback at pr@asha.org.

Melanie Johnson,
Membership Program Manager, ASHA
AuD Student Day at ASHA

The second annual AuD Student Day at ASHA was held on April 11, 2016. The event was hosted by members of the Audiology Professional Practices Unit at the National Office. Eight AuD program faculty and 24 students from local universities attended. Representatives from six ASHA units shared information about ASHA’s resources and activities. These included panel and individual presentations by Academic Affairs and Research Education, Audiology, Certification, Ethics, Government Relations and Public Policy, and Membership. Students and faculty learned about hot topics in audiology, ASHA audiology awards, ethical dilemmas in audiology, and the value of ASHA membership, including the Certificate of Clinical Competence in Audiology (CCC-A).

The event also allowed time for peer-to-peer networking.

In a post-event survey, both students and faculty indicated that the presentations raised their awareness of how ASHA works on behalf of the audiology profession. All students noted that they were somewhat (35%) or very (65%) likely to obtain a CCC-A after graduation. The 2017 AuD Student Day will be held in March 2017, by invitation to local programs.

Deborah L. Berndtson, AuD, CCC-A, Associate Director, Audiology Professional Practices, ASHA

Get Social With ASHA!

Are you following ASHA on social media? Join in the conversation about hot topics and find out what’s happening at the National office.

community.asha.org  facebook.com/asha.org  pinterest.com/ashaweb  twitter.com/ashaweb

youtube.com/ashaweb  instagram.com/ashaweb/  Snapchat/ashaorg  blog.asha.org
When you contact the Action Center, we will help you connect to the appropriate unit within ASHA to answer your inquiries. Our mission is to deliver excellence in customer service by serving as the frontline professionals handling questions and providing reliable, courteous, and timely assistance regarding ASHA and the Association’s products, programs, and services.

Here are just a few things that the Action Center staff helps ASHA members do:

- Get information about various member benefits
- Find out about your membership and certification status and requirements
- Reset your login status in the “My Account” section of ASHA’s website
- Provide guidance on when your 3-year Certification Maintenance requirement is due and the number of professional development hours that you still need
- Pay your dues and Continuing Education Registry fee
- Sign up to join a Special Interest Group
- Request an official transcript of your ASHA continuing education units
- Learn more about ASHA self-studies and other products featured in the ASHA Catalog, including economical group rates
- Receive personal consultation to register for conferences, webinars, and eLearning opportunities to suit your needs
- Obtain free materials on careers in audiology and consumer education products to suit your needs
- Receive professional consultation or technical assistance from staff audiologists
- Update your contact and/or demographic information

Each month, the Action Center responds to approximately 10,000 calls—as well as more than 3,000 e-mails and other forms of correspondence—from members, students, and consumers.

Contacting the Action Center is easy.
Phone: 800-498-2071
Product Sales: 888-498-6699
M–F, 8:30 a.m.–5:00 p.m. (Eastern Time)
Fax: 301-296-8580
E-Mail: actioncenter@asha.org

Eduardo Velasquez, Quality Assurance Manager, ASHA

Audiology Technical Assistance

Every day, ASHA staff audiologists provide technical assistance to members who require professional consultation and to consumers seeking information for themselves or loved ones. On average, ASHA Audiology receives about 150 inquiries a month.

What do ASHA members and consumers want to know? Here are the most popular topics that we in Audiology technical assistance heard from members and consumers in 2016:

- **Members**—The changing landscape of health care, reimbursement, regulatory issues, and 4th year externship supervision
- **Consumers**—Diagnostics and treatment, broken down into the following two areas:
  - **Adults**—Which hearing aids are the best? How can I find a certified, licensed audiologist near me? Why didn’t my audiologist tell me about hearing assistive technology like the use of telephone coils in looped venues?
  - **Pediatrics**—Can you help me find an audiologist near me who performs central auditory processing disorders testing? My child failed a hearing test; what should I do? What types of audiology services should my child’s school provide?

If you have questions, please contact audiology@asha.org. We are here to help!
Audiology Assistants Help Audiologists Practice at the Top of the License

Audiologists today are consistently called upon to demonstrate and document exactly how their services are producing measurable, effective outcomes for the patients and clients they serve. Conversely, they have less time to spend with patients and clients to ensure better treatment outcomes when having to provide extensive clinical data.

Because of this level of scrutiny and the overall shortages in the profession, it seems more important than ever for audiologists to concentrate on the “higher level” clinical aspects of their practice and allow audiology support personnel to handle the more routine tasks. Consequently, we now see an increase in the use of audiology assistants or audiology technicians in a broader range of practice settings.

ASHA’s Practice Portal on the topic of Audiology Assistants (www.asha.org/Practice-Portal/Professional-Issues/Audiology-Assistants) offers a wealth of information and resources, with the goal of increasing practice efficiency.

Audiology assistants improve access to patient care by increasing the availability of audiology services, increase productivity by reducing wait times and enhancing patient satisfaction, and reduce costs by performing tasks that do not require the professional skills of a certified and/or licensed audiologist.

Audiology assistants or audiology technicians (audiology support personnel) may assist audiologists in the delivery of services, where appropriate, provided that these guidelines—from the American Academy of Audiology (AAA), ASHA, and the National Hearing Conservation Association (NHCA)—are followed:

- The roles and tasks of audiology assistants are assigned only by supervising audiologists.
- Supervising audiologists provide appropriate training that is competency based and specific to job performance.

References
Answering Your Questions About the ASHA Practice Portal

WHAT is the ASHA Practice Portal?
The ASHA Practice Portal is a dynamic online resource for audiologists and speech-language pathologists, providing the best available evidence, expertise, and resources to guide clinical and practice management decision making on a variety of pertinent topics.

WHY should I explore the ASHA Practice Portal?
This site provides access to key information on specific topics, supplemental practice resources, and evidence maps with integrated scientific evidence, clinical expertise, and client perspective. Direct access to the evidence maps can be found at www.asha.org/evidence-maps.

WHEN was the ASHA Practice Portal developed?
Work on this ASHA Board–sponsored initiative began in 2012. Relevant clinical topics and professional issues continue to be added to the Practice Portal using a collaborative and comprehensive development process. Audiology-specific topic pages that have recently gone live include Documentation of Audiology Services, Adult Hearing Screening, and Tinnitus and Hyperacusis.

WHERE can I access all of this information?
The ASHA Practice Portal can be found at www.asha.org/practice-portal.

WHO is the ASHA Practice Portal audience?
Clinical practitioners, supervisors, faculty, and students in the professions of audiology and speech-language pathology may find this resource especially helpful.

HOW can I get involved in the development and enhancement of the ASHA Practice Portal?
This progressive resource thrives on user engagement, input from members, and peer review by volunteer subject-matter experts. To date, approximately 100 audiologists have acted as subject-matter experts on at least one Practice Portal topic page. Announcements regarding new Practice Portal topics are posted on ASHA’s Facebook page, Twitter feed (@ASHAWeb), and the ASHA Online Communities. We also post notices in various ASHA publications. If you are interested in providing feedback on the ASHA Practice Portal or nominating yourself or a colleague as a subject-matter expert in a specific area of interest, please contact portalinfo@asha.org.

Jill M. Reynolds, MA, CCC-SLP, Practice Portal Resource Manager, ASHA
Human communication is complicated. And as we all know, human communication disorders are even more complicated.

The American Speech-Language-Hearing Foundation (ASHFoundation) is dedicated to bringing forward-thinking solutions to individuals who face communication problems on a daily basis. Do you know the many ways the ASHFoundation is transforming people’s lives?

2016 marked a celebratory 70th year for the ASHFoundation. This anniversary milestone amplifies the multi-year legacy of ASHFoundation funding, during which more than 2,000 students and professionals have received almost $9 million from the ASHFoundation to explore bold ideas and discover new breakthroughs to improve the lives of people striving to communicate.

As ASHFoundation President Thomas F. Campbell notes, “We celebrate the work of gifted researchers, practitioners, and aspiring students. These individuals are passionate and promising innovators who work every day to help people communicate better.”

The audiology and hearing science community benefits greatly from the work of the ASHFoundation, which has helped professionals launch their careers, engage in research and related critical priorities of the discipline, and access mentoring and networking opportunities. ASHFoundation funding leverages additional external funding and elevates the importance and visibility of audiologists and hearing scientists around the world. Importantly, this work is accelerating the next generation of innovators for the discipline and those we serve.

In 2016, the ASHFoundation awarded the largest sum of annual funding in its awards history—$740,000—to 68 talented researchers, students, and clinicians to support the best in research, education, and clinical care. The following audiologists and hearing scientists received recognition as part of the ASHFoundation’s celebration of awardees on November 18, 2016 (see list on page 37). You can learn more about them and other 2016 recipients by visiting www.ashfoundation.org. Award opportunities for 2017 are listed on the center chart in this magazine.

ASHFoundation Recognizes Audiologists and Hearing Scientists
**Research Grant Programs**

**Clinical Research Grants—$50,000 – $75,000**

These grants advance knowledge of the efficacy of treatment and assessment practices in audiology and speech-language pathology.

**Valeriy Shafiro**
Rush University Medical Center

**Proposal:** A Randomized Controlled Trial to Evaluate the Benefits of an Internet-Based Auditory Training Program for Cochlear Implant Patients

**Elizabeth Walker**
University of Iowa

**Proposal:** Investigating Links Between Non-Linguistic Learning Processes and Grammar Skills in Children With Cochlear Implants

**New Century Scholars Research Grants—$25,000**

These grants encourage innovative scientific studies and talented investigators who will advance the discipline’s research priorities.

**Kara C. Schwartz-Leyzac**
University of Michigan

**Proposal:** Effects of Aging on Spectro-Temporal Processing in Speech Among Adult Cochlear Implant Recipients

**Student Research Grants in Audiology—$2,000**

These grants support research studies in clinical or rehabilitative audiology by doctoral students.

**Charles Pudrith**
University of North Carolina at Greensboro

**Mentor:** Susan Phillips

**Proposal:** Association of Melanocortin Receptor 1 and Susceptibility to Noise Induced Hearing Loss Within Caucasiens

**Sujin Shin**
University of Texas at Dallas

**Mentor:** William Katz

**Proposal:** Cognitive Factors Involved in the Speaking Rate Difficulties in Children With Cochlear Implants

**AuD Scholarships—$5,000**

These scholarships support clinical doctorate students who demonstrate academic achievement and promise.

**Kimberly R. Dohar**
University at Buffalo

**Clinical Recognition Programs**

**State Clinical Achievement Awards**

This award acknowledges recent contributions to clinical practice. Each year, all state associations are invited to honor one individual from their respective states.

**Maria Sentelik**
Ohio, Ohio Valley Voices

Investment in people and promising ideas is the cornerstone of the ASHFoundation legacy. It is possible only with charitable support from individuals, organizations, and corporations. Please be part of this important legacy by contributing to our annual campaign at www.ashfoundation.org/donations. Only through collective generosity can the ASHFoundation make a true difference for others!

**Scholarship Programs**

**New Century Scholars Doctoral Scholarships—$10,000**

These scholarships support students enrolled in a research/teaching doctoral program (PhD or equivalent) who demonstrate a commitment to a teacher-investigator career in the discipline of communication sciences and disorders.

**Julie Cohen**
University of Maryland

Supported by the Wayne and Marilyn Olsen Audiology Research Fund

**Hannah A. Glick**
University of Colorado, Boulder

**Did You Know?**

ASHA supports audiology students through ASHFoundation awards, special programming at the annual ASHA Convention, opportunities to serve in leadership positions, and a significant membership conversion discount.

[www.ashfoundation.org](http://www.ashfoundation.org)
American Speech-Language-Hearing Foundation 2017 Funding Programs

The American Speech-Language-Hearing Foundation is a nonprofit charitable foundation dedicated to innovation in communication sciences and disorders. It is funded, in part, by the tax-deductible contributions of individuals, corporations, and organizations. Size and quantity of funded awards are dependent on fundraising results and may vary accordingly.

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Clinical Research Grant</td>
<td>Advances knowledge of the efficacy of treatment and assessment practices</td>
<td>✔️</td>
<td>Researcher with a PhD or equivalent research doctorate in CSD</td>
<td>Up to 4 grants of $50,000–$75,000</td>
<td>April 27, 2017 <a href="http://www.ashfoundation.org/grants/research-grants">www.ashfoundation.org/grants/research-grants</a></td>
</tr>
<tr>
<td>New Century Scholars Research Grant</td>
<td>Encourages innovative scientific studies and talented investigators who will advance the discipline's research priorities</td>
<td>✔️</td>
<td>Researcher with a PhD or equivalent research doctorate in CSD</td>
<td>Up to 4 grants of $25,000 each</td>
<td>April 27, 2017 <a href="http://www.ashfoundation.org/grants/research-grants">www.ashfoundation.org/grants/research-grants</a></td>
</tr>
<tr>
<td>New Investigators Research Grant</td>
<td>Encourages research activities of new scientists pursuing research in audiology or speech-language pathology</td>
<td>✔️</td>
<td>Researcher who earned a doctorate in CSD within past 5 years</td>
<td>Up to 10 grants of $10,000 each</td>
<td>April 27, 2017 <a href="http://www.ashfoundation.org/grants/research-grants">www.ashfoundation.org/grants/research-grants</a></td>
</tr>
<tr>
<td>Speech Science Research Grant</td>
<td>Encourages research activities of new scientists pursuing research in speech science</td>
<td>✔️</td>
<td>Researcher who earned a doctorate within past 5 years</td>
<td>One $10,000 grant</td>
<td>A biennial award; next offered in 2018 <a href="http://www.ashfoundation.org/grants/research-grants">www.ashfoundation.org/grants/research-grants</a></td>
</tr>
<tr>
<td>Student Research Grant in Audiology</td>
<td>Supports student research studies in clinical or rehabilitative audiology</td>
<td>✔️</td>
<td>Doctoral (research or clinical) student proposing to initiate a 1-year research study</td>
<td>One $2,000 grant</td>
<td>May 22, 2017 <a href="http://www.ashfoundation.org/grants/research-grants">www.ashfoundation.org/grants/research-grants</a></td>
</tr>
<tr>
<td>Student Research Grant in Early Childhood Language</td>
<td>Supports student research studies in early childhood language development</td>
<td>✔️</td>
<td>Doctoral (research or clinical) student proposing to initiate a 1-year research study</td>
<td>One $2,000 grant</td>
<td>May 22, 2017 <a href="http://www.ashfoundation.org/grants/research-grants">www.ashfoundation.org/grants/research-grants</a></td>
</tr>
</tbody>
</table>

For more information, contact foundationprograms@asha.org or 301-296-8703. You can download a PDF poster version of this chart at www.ashfoundation.org/uploadedFiles/ASHFoundation-2017-Funding-Programs.pdf.
<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
<th>Awardee</th>
<th>Eligibility</th>
<th>Funding</th>
<th>Application Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scholarships</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>New Century Scholars Doctoral Scholarship</td>
<td>Supports doctoral students committed to a teaching/research career</td>
<td>✔</td>
<td>Student enrolled in a research doctoral program (PhD or equivalent) in CSD</td>
<td>Up to 15 scholarships of $10,000 each</td>
<td>May 8, 2017</td>
</tr>
<tr>
<td>Graduate Student Scholarship</td>
<td>Supports master's or doctoral students in CSD who demonstrate academic achievement and promise</td>
<td>✔</td>
<td>Full-time master's or doctoral student in CSD (doctorate can be research or clinical)</td>
<td>Up to 15 scholarships of $5,000 each</td>
<td>May 22, 2017</td>
</tr>
<tr>
<td>Scholarship for Minority Students</td>
<td>Supports minority master's or doctoral students in CSD who demonstrate academic achievement and promise</td>
<td>✔</td>
<td>Member of an ethnic or racial minority group and a full-time master's or doctoral student in CSD (doctorate can be research or clinical) Only U.S. citizens are eligible</td>
<td>Up to 2 scholarships of $5,000 each</td>
<td>May 22, 2017</td>
</tr>
<tr>
<td>Scholarship for International Students</td>
<td>Supports international/minority master's or doctoral students in CSD who demonstrate academic achievement and promise</td>
<td>✔</td>
<td>Full-time international/minority master's or doctoral student studying CSD in the U.S. (doctorate can be research or clinical) Only non-U.S. citizens are eligible</td>
<td>Up to 2 scholarships of $5,000 each</td>
<td>May 22, 2017</td>
</tr>
<tr>
<td>Scholarship for Students With a Disability</td>
<td>Supports master's or doctoral students with disabilities, enrolled in CSD, who demonstrate academic achievement and promise</td>
<td>✔</td>
<td>Full-time master's or doctoral student with a disability who is studying CSD (doctorate can be research or clinical)</td>
<td>One $5,000 scholarship</td>
<td>May 22, 2017</td>
</tr>
<tr>
<td>Scholarship for NSSLHA Members</td>
<td>Supports active National NSSLHA members, accepted to a CSD graduate program, who demonstrate academic achievement and promise</td>
<td>✔</td>
<td>Undergraduate senior with an active National NSSLHA membership and who will begin graduate study in CSD in Fall 2017</td>
<td>Up to 2 scholarships of $5,000 each</td>
<td>May 22, 2017</td>
</tr>
<tr>
<td><strong>Clinical Recognition</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Frank R. Kleffner Lifetime Clinical Career Award</td>
<td>Honors an individual's exemplary contributions to clinical science and practice over a period of no fewer than 20 years</td>
<td>✔</td>
<td>Individual who demonstrates multiple contributions with far-reaching impact</td>
<td>One Crystal award</td>
<td>April 7, 2017</td>
</tr>
<tr>
<td>Louis M. DiCarlo Award for Recent Clinical Achievement</td>
<td>Recognizes a significant recent accomplishment within the past 6 years in audiology and/or speech-language pathology</td>
<td>✔</td>
<td>Individual who demonstrates specific clinical achievement and is nominated by state association</td>
<td>One $2,000 award</td>
<td>April 7, 2017</td>
</tr>
<tr>
<td>Rolland J. Van Hattum Award for Contribution in the Schools</td>
<td>Recognizes exemplary contributions to the delivery of audiology and/or speech-language pathology services within a school setting</td>
<td>✔</td>
<td>Individual who is employed by a school system and demonstrates specific contributions to school services</td>
<td>One award—$1,500 to recipient/$1,500 to school system</td>
<td>April 7, 2017</td>
</tr>
</tbody>
</table>
A New Path

Life can be unpredictable. It can lead you to people and places that you never would have encountered in other circumstances. I entered my undergraduate studies knowing that I could excel in science and math, but I also had a passion for helping children. I thought these would be a good combination that would lead me in the direction of becoming a pediatrician. But I still wanted to make sure that I would love whatever I chose for my future.

To further explore this idea, I looked for a job that would allow me to gain experience within the medical profession. I found a position at Mott Children’s Hospital in the Pediatric Audiology Clinic and was hired as one of the new work-study students. I did not have any background knowledge of audiology or what audiologists did in the clinic.

My observations of patient interaction were limited until, during one shift, an audiologist needed assistance in an appointment with a 6-month-old baby. The headphones for the test were too large and wouldn’t stay on the child’s head; I had to hold the headphones in place in order for the audiologist to complete her testing. That single moment with the baby staring back at me while I held the headphones changed my perspective, and I immediately knew I wanted to learn more about this career.

Working in the Pediatric Audiology Clinic transformed my passions and allowed me to learn a significant amount about clinical audiology and hearing science. I am grateful for the opportunities I had during my undergraduate years, which have confirmed that this is the career for me.

I am now beginning my path toward a doctor of audiology (AuD) degree at Northwestern University. I am also currently the president-elect for the National Student Speech Language Hearing Association and will become the president in July 2017. Both of these experiences are extremely new, exciting, and a little scary. But, what’s a new experience without some risk? As cliché as it may sound, I’m going to take things one day at a time, give all that I have during my education and training, and advocate for the profession to the best of my abilities.

Navigating the Code of Ethics (2016)

Defining what is ethical is not always clear cut and readily obvious. To inform and guide your daily practice, you will need to familiarize yourself with the revisions made by the ASHA Board of Ethics to the ASHA Code of Ethics (2016) at www.asha.org/Code-of-Ethics. A great way to begin is to read the Code’s Preamble to learn its purpose for the professions and to whom it applies. Next, the newly added “Terminology” section clearly defines important terms and concepts used within the Code for easier understanding. Reading the Code itself, you will note that the rules reflect current issues that are important to the professions.

Two new rules of particular importance are Rules S and T in Principle IV, which relate to self-reporting.

Self-reporting is a professional obligation of self-disclosure when you are an applicant to ASHA or a professional who is certified by ASHA. The addition of these new rules means you must notify ASHA if you have violated any part of the Code in order to ensure the welfare of the public and protect the integrity and reputation of the professions. Failure to accurately and, in a timely manner, self-disclose and/or self-report can carry serious consequences. Visit www.asha.org/Practice/ethics/Required-Ethical-Reporting for further information.

As a certificate holder and likely ASHA member, you are obligated to follow the Code’s fundamental principles and rules, and you have a personal responsibility in the enforcement of the Code to monitor your own actions as well as those of others (Principle IV, Rule M). If you suspect ethical misconduct, first try working collaboratively to resolve the situation. If this is not possible, you may file a formal ethics complaint at www.asha.org/Practice/ethics/Filing-a-Complaint-of-Alleged-Violation/ or reach out to the ASHA Ethics staff for guidance at ethics@asha.org.

Katie Schramm, AuD Student, Northwestern University; President-Elect (July 1, 2016–June 30, 2018), National Student Speech Language Hearing Association (NSSLHA)

Karol Scher, Staff Liaison to the Ethics Education Subcommittee of the ASHA Board of Ethics, ASHA
Subscribe to Access Audiology

Access Audiology is a clinical audiology e-newsletter sent out six times per year. It addresses the needs of professionals and students interested in hearing, balance, and audiology. Each issue features an article by an expert and includes links to audiology announcements and resources. Articles fall under several broad categories: coding and reimbursement, hearing detection and conservation, hearing loss, multicultural issues, practice management, rehabilitation, and technology. Search “Access Audiology” on www.asha.org to see the current issue and read past articles, subscribe, and submit comments. To see a list of featured articles, go to www.asha.org/aud/Articles/FocusedTopics.

Access Audiology launched in 2002 as the first e-newsletter produced by ASHA. It’s written by audiologists for audiologists—subscriptions are free and open to anyone. Currently, there are more than 14,000 subscribers.

The following topics will be covered in 2017:

- Building effective parent-professional partnerships
- Nutrition and hearing loss
- Turning practice challenges into opportunities
- Depression/cognition/untreated hearing loss screening in audiology
- Supporting students with hearing loss through individualized education programs (IEPs) and Section 504 plans
- Determining whether hearing loss is recreational or occupational

Subscribe

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Audiology Information Series
Did you know that ASHA offers free patient information handouts—available in English and Spanish? Go to the audiology home page at www.asha.org/aud, and click on “Patient Information Handouts” in the Practice Management section.

These printable PDFs focus on key topic areas covered on the public web pages and provide consumers with easy access to their subjects of interest in a plain-language format. The handouts can be a great complement to your patient education materials.
The landscape of audiology is evolving—and so is The ASHA Leader.

Spearheaded by last year’s introduction of the new audiology-centric column, “All Ears on Audiology,” ASHA’s news magazine has ramped up and renewed its focus on covering what audiologists need to know in a shifting consumer marketplace.

Since launching in May 2016 as a go-to resource for audiologists in every issue of The Leader, “All Ears on Audiology” columns have raised vital professional questions—such as what the future of audiology will look like in coming years (on.asha.org/allears-1016) and how audiologists can work to educate physicians on the importance of incorporating hearing screening in primary care (on.asha.org/allears-616). The column has also presented novel approaches to patient-centered care, like the Client Oriented Scale of Improvement (on.asha.org/allears-716) and a clinic triage process that saves time and resources in diagnosing vestibular issues (on.asha.org/allears-1116).

“All Ears” columns are written by leading audiologists, such as City University of New York Graduate Center Professor Barbara E. Weinstein, Supporting Success for Children With Hearing Loss Founder Karen Anderson, Kent State University Professor Mark Krumm, and University of Michigan Health System Vestibular Testing Center Assistant Director Margot L. Beckerman.

Along with “All Ears,” which enhances long-standing audiology coverage in Leader columns, features, and research/news briefs, the ASHA Leader Blog (blog.asha.org) has also expanded its audiology offerings.

Recent posts have highlighted hearing research, Medicare and Medicaid regulation updates, telepractice, and other pressing topics, as well as tips from fellow audiologists for day-to-day practice.

The Leader is also closely following the results of recommendations made in the past 2 years by the National Academy of Sciences and the President’s Council of Advisors on Science and Technology about accessibility and affordability, including the regulation of over-the-counter hearing devices. Leader staff members were present at an April 2016 public workshop at the U.S. Food and Drug Administration, posting updates on the blog (on.asha.org/leader-fda) and live-tweeting the proceedings on Twitter (www.twitter.com/ashaleader).

The ASHA Leader wants to hear directly from audiologists: What’s currently of interest to you? What do you want to know more about? What practice issues keep you up at night? What are you doing to improve the lives of your patients? If you have an idea that you’d like to write about for The ASHA Leader, please visit the website (on.asha.org/leader-write) to review writer guidelines and submit a proposal.

Haley Blum, Writer/Editor, The ASHA Leader, ASHA

ASHA Attends World Congress of Audiology

The 33rd World Congress of Audiology (WCA) took place September 18–21, 2016, in Vancouver, British Columbia, Canada. The Congress is a biannual event and has been held in 22 different countries over the past 60 years.

More than 1,200 attendees were present at the Congress, representing 42 countries and all continents except for Antarctica. The Congress also had 34 exhibitors.

The program for the WCA2016 was divided into three broad topics across the 3 days:

- Science
- Practice
- Public Health

ASHA presented a poster on the ASHA Practice Portal. During the poster session, we were visited by audiologists from Australia, Brazil, Canada, China, Germany, Russia, South Korea, and Sweden. Most were familiar with the Practice Portal and found it to be extremely useful, especially the evidence maps.

During discussions, several individuals completed a form to identify themselves as subject-matter experts (SMEs) on audiology topics and willing to serve as SMEs for topic reviews. Anyone can volunteer their expertise by contacting portalinfo@asha.org.

WCA is the biennial meeting of the International Society of Audiology, which has its official seat in Geneva, Switzerland. For more information, visit www.isa-audiology.org.
ASHA Attends National Cued Speech Association Conference

Each year, staff members from ASHA’s Audiology Professional Practices unit represent the organization at various conferences—National Hearing Conservation Association, Educational Audiology Association, Early Hearing Detection and Intervention, American Balance Society, Hearing Loss Association of America, and more. In 2016, ASHA took part in the National Cued Speech Association’s (NCSA) Cued Speech Conference, July 8–10, 2016, in Virginia. The conference, which was celebrating NCSA’s 50th anniversary, highlighted the history of cued speech and the level of respect that the Association has achieved in educating people who are deaf or hard of hearing. Speakers, exhibitors, and attendees came from across the United States as well as from Belgium, Ethiopia, France, Great Britain, Iran, the Philippines, and Poland. ASHA Audiology exhibited at this conference.

Cued speech is a visual method of communication that individuals with hearing impairment use to understand spoken language. It uses eight hand shapes and four hand placements near the mouth, with mouth movements that make phonemes of speech distinguishable and intelligible. Cued speech can be described as the visual equivalent of spoken language because each sound of a given word is viewed.

Cued speech was developed by R. Orin Cornett in 1966 as a method for individuals who were deaf or hard of hearing to improve literacy. This new method of understanding spoken language visually and accurately made it easier for individuals with hearing impairment to learn how to read. Between 1975 and 1984, Cornett adapted cued speech to 52 languages and dialects.

Some school systems use cued speech in addition to American Sign Language as a method of communicating with students who are deaf or hard of hearing.

For more information, visit www.cuedspeech.org.

Deborah L. Berndtson, AuD, CCC-A, Associate Director, Audiology Professional Practices, ASHA

Cutting-Edge Perspectives in Service Delivery for Older Adults

AUDIOLOGY 2017 ONLINE CONFERENCE

October 11–23, 2017
Focus on the Big Picture!
ASHA Convention—November 9–11, 2017

Mark your calendars now for the 2017 ASHA Convention in the “City of Angels”—Los Angeles, California, November 9–11, 2017! The Convention Program Committee (CPC) has been hard at work implementing our guiding principles of communication, collaboration, diversity, and fun to create a strong Convention program. This year’s Convention will take place at the Los Angeles Convention Center in the thriving “LA Live” section of Los Angeles—close to the iconic Hollywood sign, several major film studios, Hollywood Boulevard, and the TCL Chinese Theatre on the historic Hollywood Walk of Fame.

Convention Co-Chair for Speech-Language Pathology Mary Casper and I, along with the rest of the CPC, look forward to welcoming you in LA. This year’s theme, “Focus on the Big Picture,” will challenge all of us to broaden our perspective as it relates to our daily lives and practice. The theme resonates in different ways with all of us. For some, the big picture means focusing on creative ways to better meet the needs of the individuals we serve beyond the four walls of the clinic, lab, or classroom. For others, the big picture means interprofessional collaborative practice—where we learn about, from, and with each other to improve outcomes for individuals and families. For still others, the big picture is about achieving a healthy balance between one’s professional and personal life—and encouraging the individuals and families we serve to do the same. In some instances, the big picture evokes thoughts of advocacy for our profession, career goals, or leadership development.

As professionals, we serve diverse individuals across the life span, so the big picture challenges us to focus on the whole person and not just the disorder.

The CPC invites you to share how the big picture resonates with YOU in YOUR daily life and practice. The call for papers began on January 26 and ends on April 4, 2017. The 2017 ASHA Convention will continue to grow and strengthen the audiology programming and general interest topics, and deepen our focus on interprofessional collaborative practice. Look for sessions on innovative service delivery options and on collaboration with others outside our professions to improve education, research, and practice illustrating successful “big picture” thinking in actions and outcomes. We will offer short courses, twilight sessions, “FLASH” clinical/research sessions, 1- and 2-hour oral sessions, and poster sessions. Please note the following topic areas and corresponding CPC topic chairs for the 2017 ASHA Convention:

- Assessment of Hearing and Balance Disorders in Adults—Devin McCaslin
- Assessment of Hearing and Balance Disorders in Children—Derek Stiles
- Hearing and Balance Science—Ravi Krishnan
- Intervention/Rehabilitation of Hearing and Balance Disorders in Adults—Jessica Sullivan
- Intervention/Rehabilitation of Hearing and Balance Disorders in Children—Donna Fisher Smiley and Elizabeth Walker
- Academic and Clinical Education—James Naas and Pamela Prelock
- Auditory/Central Auditory Processing—Jeanane Ferre
- Cultural and Linguistic Issues—Danai Kasambira Fannin
- Global Issues and Practices—Brenda Louw and Gina Tillard
- Interprofessional Education and Practice—Janet Simon Schreck and Jennifer Simpson
- Leadership and Professional Issues—Robert Burkard and Patricia Prelock
- Practice Management and Service Delivery Innovation—Wayne Foster
- Telepractice—Melissa Jakubowitz and Sharon Sandridge
- Traumatic Brain Injury—Micaela Cornis-Pop

All the topics and topic chairs are listed on the Convention website at www.asha.org/asha2017, along with more specific details and dates for the ASHA Convention experience. I look forward to seeing you in Los Angeles!
SAVE THE DATE

2017 ASHA CONVENTION
NOVEMBER 9–11 • LOS ANGELES

Focus on the Big Picture in 2017...

Registration opens August 1, 2017
Learn from experts—without leaving home!

Learn a range of new evidence-based strategies for treating older adults by participating in this comprehensive online conference. The course offers ideas for anyone working with older adults or teaching a course in gerontology or audiology. We’ve gathered experts to teach you innovative approaches to managing hearing loss and improving service delivery for this population.

- Earn while you learn—get comprehensive information and new strategies, and earn up to 3.4 ASHA continuing education units (CEUs).
- Gain easy access to 17 prerecorded sessions any time while the conference is in session.
- Participate in live-chat sessions with expert presenters, and network with audiologists from all over the United States and the world.

For more information, see page 22 or visit on.asha.org/audiology-17.