Discovery is closer than ever

ASHAWire is your online home for all the content from The ASHA Leader, Perspectives, scholarly journals, and the new CREd library.

Unleash your mind at pubs.asha.org
ASHA Audiology Connections

 Convenient Reference Centerfold!
ASHA Award, Mentoring, & Research Education Programs
American Speech-Language-Hearing Foundation Funding Programs

3 Welcome Message
4 From the Vice President for Audiology Practice
5 From the CSO for Audiology

Audiology Professional Issues
6 Developing Our Future Leaders
6 Making It Easy for Members to Volunteer With ASHA
7 Thank You, Audiology Volunteers
8 What Does Public Health Mean to Audiology
9 Person-Centered Care: Implications for Audiologists
11 ASHA Advocacy Scores Win for Hospital Audiologists
12 Final Development of a U.S. Standard for Cochlear Implants
12 Subscribe to Access Audiology
13 Audiology Quality Consortium
14 Audiology Special Interest Groups
18 Practice Portal: Reflection and Refinement
18 EHDI-PALS Committee Testing Smartphone App
21 Get Social With ASHA!
22 What Matters to You?
32 Better Hearing & Speech Month
33 Patient-Centered Care: The Role of the Case History
34 ASHA Expands International Outreach
36 Audiology Information Series
36 New Brochure Helps Raise Awareness of Audiology Profession

Association Governance
5 2016 ASHA Board of Directors
30 2016 Audiology Advisory Council

TRAILBLAZER
Technology plays a vital role in my field. By treating patients with the latest innovations, I restore more than hearing; I restore hope.

Ikechi Iheagwara, Sc. D., CCC-A
Audiologist, Private Practice

ASHAAudiology Connections

MIX
Paper from responsible sources
FSC® C018452
PRINTED WITH SOY INK.
MEMBER ASSISTANCE

26 Benefits of ASHA Membership
27 Grow Your Audiology Practice With ASHA ProFind
28 ASHA’s Action Center
29 Top 3 Technical Assistance Questions From Members and Consumers
30 Audiology Assistants as Ambassadors in Patient-Centered Practice

STUDENT, FACULTY, AND RESEARCHER INTEREST

10 Audiologists Report Pay Increases
19 Gift to the Grad
24 Audiology/Hearing Science Research Travel Award (ARTA)
25 Experiencing the ASHA Convention as an ARTA Recipient
27 Student Ethics Essay Award
28 AuD Student Day at ASHA a Success
29 A Snapshot of Today’s AuD Programs
31 ASHFoundation Congratulates Audiologists and Hearing Scientists
35 Hearing Research Symposium Coming to the ASHA Convention

PROFESSIONAL DEVELOPMENT, CERTIFICATION, AND ACCREDITATION

13 What ASHA Certification Means to Me
16 The Value of the CCCs
17 Audiology Events Energized Attendees at Convention
19 ASHA Continuing Education: Keeping Audiologists Practice Ready
20 ASHA Audiology Online Conference
23 Professional Practice Competencies Added to Accreditation Standards
Welcome readers! We are excited to bring you our annual issue of Audiology Connections.

As workloads increase and productivity schedules expand, there doesn’t seem to be enough time in the day. We are constantly checking handheld devices in fear of missing out. We receive new information at any time of day. All of this innovation and technology, designed to make life easier, seems to create more stress as we strive to do more with less. We hope you can slow down a moment and enjoy reading this low-tech, hard-copy magazine.

Within our profession, as is true in many other health care professions, the shared mantra is that health care is changing. External factors can contribute to the stress of change in our professional lives and reduce opportunities for success. These factors could be the ups and downs in the economy or the uncertainty of the stock market globally. Stressful change factors could be new technologies or service delivery options that render your business model obsolete overnight. We have no control over some of these forces. Change is constant. Health care delivery across the country will continue to rapidly evolve, stimulated in part by the Affordable Care Act. Medical practices are transforming and merging into larger systems. Larger systems are reforming and reorganizing.

Changes in audiology practice have been continuous since the founding of the profession in the 1940s. The development of the profession got a major kick start after World War II. Prior to WWII, hearing care was typically delivered by a physician—an otologist and/or a commercial hearing aid dealer. Then, many veterans returned with hearing loss, tinnitus, balance problems, and related communication problems from the trauma of explosions and ear disease. This development helped spur the profession of audiology to move beyond diagnosis and treatment with hearing aids to a more complete rehabilitation process for service personnel with complex auditory and balance needs. Even today, change is the constant.

Providing care to our patients as they live longer and with multiple chronic health conditions has spurred emerging changes in the provision of hearing health care. New practice models require new skills. Audiologists are now working with individuals who may have diabetes and other metabolic disorders, PTSD, and depression, as well as hearing loss, balance disorders, and tinnitus. Improving the patient’s care experience (including quality of care and safety) and reducing the per capita cost of health care are goals for all of us. Patient-centered, interprofessional, team-based, and data-driven care can be found today in an ever-growing number of innovative practices across the United States.

ASHA will be there to support audiologists and those they serve through these changes and challenges.

Did You know?

ASHA has represented audiologists for over 80 years.
From the Vice President for Audiology Practice

2013—2015
Donna Fisher Smiley, PhD, CCC-A

This will be the last time you hear from me as your ASHA Vice President for Audiology Practice. In fact, by the time you read this, my term of service will have ended, and Dr. Robert Fifer will be serving you in this role. Over the last few years (2013–2015), people have asked me why I agreed to serve on the ASHA Board of Directors. They often wonder how a person juggles the responsibilities of serving on the Board along with maintaining work and personal commitments. My answer? There is no secret—you simply do it.

You do it because you want to give back to a profession and a professional organization that has given to you. You do it because you want to see the profession grow, change, and stay relevant. You want to ensure that the people who we serve have the very best in hearing health care. You get up every day and do what you can in that day. The goal can’t be to solve all of the issues in one day but, rather, to work for solutions and progress over time.

ASHA is an incredible resource for audiologists. My advice, as I take my leave, is to take full advantage of all that ASHA has to offer you. The Practice Portal (http://www.asha.org/practice-portal/) offers one-stop access to resources that will guide and inform you on evidence-based decision making for clinical and professional issues. Some clinical topics currently covered on the Practice Portal include superior canal dehiscence, permanent childhood hearing loss, and hearing aids for adults. Each clinical topic includes an overview, incidence and prevalence data, signs and symptoms, causes, roles and responsibilities of the professionals involved, assessment and treatment information, and resources and references related to each topic. Some professional issues topics currently covered on the Practice Portal include bilingual service delivery, clinical education and supervision, and telepractice. Each professional issues topic includes an overview, key issues, and resources and references related to each topic.

The Information for Audiologists web page (http://www.asha.org/aud/) has information specific to audiologists and is rich with material that you can use in your day-to-day work. Here, you will find information about billing and reimbursement, practice considerations for dispensing audiologists, resources for audiologists who work in school settings, and much more. Can’t find what you need? Send an e-mail to audiology@asha.org for professional consultation or information on audiology practice issues.

It has been a privilege to serve you and all the members of ASHA during the past 3 years. Thanks to my family and coworkers who have had to make many sacrifices during this time so that I could be available to participate fully in the responsibilities of the ASHA Board of Directors. I want to leave you with one last thought. The next time you find yourself disparaging something related to audiometry, remember what Mahatma Gandhi said: “Be the change that you wish to see in the world.” Each of us can be the change—one day at a time.

2016—2017
Robert Fifer, PhD, CCC-A

Audiology is leading the way in experiencing significant change over the next few years. I am pleased that you have entrusted me to help guide the Association in preparing audiology for the changes in reimbursement and practice that await us all.

Those of you who know my name most likely associate me with coding and reimbursement, but at my day job, I am a pediatric audiologist. I have had the additional good fortune of working with the Centers for Disease Control and Prevention’s (CDC) on their efforts to develop Early Hearing Detection & Intervention – Pediatric Links to Services (EHDI-PALS), Florida Medicaid, the Florida Genetics and Newborn Screening Advisory Council, and Children’s Medical Services; of serving as an adjunct associate professor at the Catholic University of Argentina in Buenos Aires; and of being an invited lecturer at Mahidol University in Bangkok, Thailand. I served as a military audiologist in the Philippines and Texas for almost 11 years, followed by 3½ years at the Carle Clinic Association in Urbana, Illinois.

There is a Chinese saying, “May you live in interesting times.” These are, indeed, interesting times foraudiologists—both fascinating and frightening, simply because we do not know precisely what the future holds for reimbursement or how that will affect our practice patterns.

The crystal ball suggests that we have time to prepare for the changes that are coming. But the time period for such preparation is finite, and we must make the best of each opportunity. I hope to provide insight to the Association and to the members regarding what we know, what we think may happen, and what we do not know (yet) in health care economics—and how audiology may be affected.

Audiology is a critical component of a very large health care world. Many forces—some unforeseen as of yet—will attempt to move us in different directions. Our challenge will be to focus on doing everything possible to secure our future, ensuring that audiology will continue to thrive and hold firmly to its pivotal role in the global health care environment.
From the CSO for Audiology

Neil J. DiSarno, PhD, CCC-A, CAE, Chief Staff Officer for Audiology, ASHA

The profession of audiology played prominently in several venues during 2015. Early in the fall, ASHA was asked to participate in a World Health Organization (WHO) meeting in Geneva, Switzerland. Audiologists, hearing scientists, and engineers from around the world met to explore possible mechanisms and technology to reduce exposure to unsafe sound levels during recreational listening. WHO’s Office of Prevention of Deafness and Hearing Loss is working to raise awareness about safe listening practices among manufacturers of personal audio devices and the need for safety features in such devices. ASHA has also worked closely with the Pan American Health Organization regarding their Plan for Ear and Hearing Care in the Americas. (See the article on page 34 for more information.)

Closer to home, ASHA—along with members of the American Academy of Audiology (AAA) and the Academy of Doctors of Audiology (ADA)—provided input to the Institute of Medicine’s (IOM) Committee on Affordable and Accessible Hearing Health Care for Adults. The IOM is looking at how affordability can be improved and at how current approaches can be modified to increase access. In an oral statement, ASHA—along with AAA and ADA—stressed the importance of auditory rehabilitation for adults with hearing impairment. ASHA is also providing written comments to the IOM.

In 2015, the President’s Council of Advisors on Science and Technology (PCAST) issued a report that addressed untreated hearing loss in older Americans. ASHA provided public comment on the PCAST report and made a statement to the committee in person. The PCAST report suggests that amplification alone will enable a person with hearing loss to hear and understand fully, in the same manner that glasses can restore normal vision. ASHA provided evidence to the committee on the importance of comprehensive audiologic evaluation and auditory rehabilitation.

In response to a proliferating number of online hearing health retailers that promote an easy and low-cost fix to hearing disabilities, ASHA public relations is working to provide consumers with information about the need to undergo audiologic evaluation before purchasing a device that may not provide a satisfactory solution.

This past year has also seen considerable efforts by the International Hearing Society to have hearing aid dispensers employed by the U.S. Department of Veterans Affairs (VA) in order to meet an increased demand for services. ASHA has informed members of Congress that military personnel who suffer from blast injury, debilitating tinnitus, and hearing impairment require nothing less than the services of a licensed and certified audiologist. ASHA has also provided public comment to the U.S. Department of Labor, expressing serious concern regarding an approved apprenticeship program for hearing instrument specialists.

In late 2014, the ASHA Academic Affairs Board released its Report on Critical Issues in AuD Education. Although the model has resulted in providing the entry-level clinician with sufficient breadth and depth of knowledge and skills, like any model of education, a review of what works well and what might benefit from improvement is needed. During 2015, ASHA assembled an ad hoc committee of experts to examine the model. In October 2016, an AuD Education Summit will be held. Although many issues have come to the committee’s attention, clinical education appears to be the most critical.

I would personally like to thank our volunteer members and staff for their outstanding efforts this past year on behalf of the profession of audiology—efforts that have resulted in benefits to our members and the persons whom they serve.
Volunteer leadership is the key to success in nonprofit associations such as ASHA. Many volunteers are from the “baby boomer” generation (those born between 1946 and 1964), and as they begin to retire, ASHA wants to ensure a strong pipeline of future leaders for generations to come.

In 2007, ASHA created the Leadership Development Program (LDP), which encourages potential leaders to develop their skills in service to the professions through ASHA. By Summer 2016, ASHA will have proudly seen 10 separate cohorts through to graduation—more than 300 participants.

“The program inspired me to branch out into projects and activities that I might not otherwise have engaged in and gave me the tools to strategically plan for and implement them. Most importantly, the program helped me evaluate my strengths and weaknesses as a leader . . . and as a human being, for that matter,” one LDP-Audiology graduate stated.

The 2016 cohorts—Audiology and Health Care—will kick off in April and July, respectively. Cohorts for 2017 will be announced in early fall.

We encourage ASHA-certified audiologists to consider applying for this program each year. Applicants must be current ASHA members and have no prior service on ASHA or on Special Interest Group (SIG) boards, councils, or committees. Leaders in state associations are welcome to apply, and preference will be given to ASHA members who belong to a SIG as well as to past members of the National Student Speech Language Hearing Association.

Applicants must be able to commit to the year-long program and complete all program requirements. The fee of $350 covers the 1-day, in-person workshop, one night’s hotel accommodation, program materials, and webinars.

For more information on the LDP, visit http://www.asha.org/About/governance/Leadership-Development-Program or contact Haley Jones, volunteer operations manager, at hjones@asha.org.
The American Speech-Language-Hearing Association (ASHA), as an organization, recognizes the immense value of volunteerism to a healthy association life. Finding the right words to express our thanks to volunteers is not an easy task. Volunteers bring fresh energy, expertise, and perspective to the work that we do in support of audiology members. These special people are highly engaged members of the association and have a strong desire to help fellow audiologists by creating a better experience for members.

Volunteers give of their time and energy, which allows the Audiology Professional Practices Unit to expand its reach. They provide subject-matter expertise to Practice Portal web pages, media interviews, and articles in Access Audiology, The ASHA Leader, ASHA Audiology Connections, and Perspectives. They supply content for continuing education opportunities such as the Audiology Online Conference. They are reviewers for the Audiology/Research Science Travel Award, serve on joint and ad hoc committees, and provide peer review on documents.

The Audiology Professional Practices Unit invites you, a newly minted doctor of audiology or a well-seasoned professional, to consider volunteering your skills and energy to assist ASHA in the future. Experiencing ASHA in a different way—as a volunteer—will add to your professional skills and offer a positive career benefit. On a broader level, your expertise will help to build a stronger profession.

Thank You, Audiology Volunteers

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

Volunteers Who Assisted Audiology Professional Practices in 2015*

<table>
<thead>
<tr>
<th>Harvey Abrams</th>
<th>Robin Criter</th>
<th>Michelle Hughes</th>
<th>Ryan McCready</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stephanie L. Adamovich</td>
<td>Deborah Culbertson</td>
<td>Samantha Gustafson</td>
<td>Caleb J. McNiece</td>
</tr>
<tr>
<td>Jayne Ahlstrom</td>
<td>Sumitrajit Dhar</td>
<td>Ashley Harkrider</td>
<td>Srikanta Mishra</td>
</tr>
<tr>
<td>Sophie Ambrose</td>
<td>Jeffrey DiGiovanni</td>
<td>Mike Hefflerly</td>
<td>Michelle Molis</td>
</tr>
<tr>
<td>Karen Anderson</td>
<td>Marilyn Dille</td>
<td>Julie Honaker</td>
<td>Joe Montano</td>
</tr>
<tr>
<td>Samira Anderson</td>
<td>Ann Dix</td>
<td>Derek Houston</td>
<td>Elaine Mormer</td>
</tr>
<tr>
<td>Kathryn Arhart</td>
<td>Virginia Driscoll</td>
<td>Todd Houston</td>
<td>Karen Munoz</td>
</tr>
<tr>
<td>Justin Aronoff</td>
<td>Michael Douglas</td>
<td>Fatima Husain</td>
<td>Nancy L. Nelson</td>
</tr>
<tr>
<td>Sam Atcherson</td>
<td>William Douglas</td>
<td>Gayla Huttsell Guignard</td>
<td>Jared Novick</td>
</tr>
<tr>
<td>Roberta Aungst</td>
<td>Kathryn R. Dowd</td>
<td>Peter Ivory</td>
<td>Sharon S. Palmer</td>
</tr>
<tr>
<td>Bopanna Ballachanda</td>
<td>Camille Dunn</td>
<td>Kristen Janky</td>
<td>Christina Perigoe</td>
</tr>
<tr>
<td>Kathryn Beauhaene</td>
<td>Leisha R. Eiten</td>
<td>Fuh-Cherng Jeng</td>
<td>Tina Pennman</td>
</tr>
<tr>
<td>Margot Beckerman</td>
<td>Marilyn Enock</td>
<td>Wafaai Kaf</td>
<td>Erin Picou</td>
</tr>
<tr>
<td>Ruth Bentler</td>
<td>Patrick Feeney</td>
<td>Anna Kharlamova</td>
<td>Erin Piker</td>
</tr>
<tr>
<td>Melanie Birck</td>
<td>Jeanene Ferre</td>
<td>Mechan</td>
<td>Sarah Poissant</td>
</tr>
<tr>
<td>Kristina Blaiser</td>
<td>Melissa Ferrello</td>
<td>Ying-Yee Kong</td>
<td>Nia Potier</td>
</tr>
<tr>
<td>Tamala Bradham</td>
<td>Robert C. Fifer</td>
<td>Francis Kuk</td>
<td>Jill Preminger</td>
</tr>
<tr>
<td>Katie Brennan</td>
<td>Jill Firszt</td>
<td>Charissa Lasing</td>
<td>Elizabeth Preston</td>
</tr>
<tr>
<td>Marc Brennan</td>
<td>Rene Gifford</td>
<td>Jeff Larsen</td>
<td>Aparna Rao</td>
</tr>
<tr>
<td>Craig Buchman</td>
<td>Kate Gfeller</td>
<td>Natalie M. Lenzen</td>
<td>Gale Rice</td>
</tr>
<tr>
<td>Ferenc Bunta</td>
<td>Tucker Gleason</td>
<td>Brenda Lonsbury-Martin</td>
<td>Lisa Rickard</td>
</tr>
<tr>
<td>Robert Burkard</td>
<td>Donald Goldberg</td>
<td>Lisa Lucks Mendel</td>
<td>Patricia Roush</td>
</tr>
<tr>
<td>Nicole Burkhardt</td>
<td>Tara D. Guinn</td>
<td>Nicole Marrone</td>
<td>Diane L. Sabo</td>
</tr>
<tr>
<td>Claire Buxton</td>
<td>Jaynee Handelsman</td>
<td>Patti Martin</td>
<td>Holden Sanders</td>
</tr>
<tr>
<td>Kathleen Campbell</td>
<td>Ashley Harkrider</td>
<td>James Mashie</td>
<td>Chris Sanford</td>
</tr>
<tr>
<td>Lisa R. Cannon</td>
<td>Shuman He</td>
<td>Devin McCaslin</td>
<td>Gabrielle Saunders</td>
</tr>
<tr>
<td>Catherine Carotta</td>
<td>James Henry</td>
<td>Hollea McClellan Ryan</td>
<td>Paula Schauer</td>
</tr>
<tr>
<td>Kathleen Cienkowski</td>
<td>Susan Gordon Hickey</td>
<td>Cynthia McCormick</td>
<td>Jane Seaton</td>
</tr>
<tr>
<td>Christopher Clinard</td>
<td>Jeffrey K. Hoffman</td>
<td>Richburg</td>
<td>Lauren A. Shaffer</td>
</tr>
<tr>
<td>Harvey Abrams</td>
<td>Robin Criter</td>
<td>Michelle Hughes</td>
<td>Ryan McCready</td>
</tr>
<tr>
<td>Stephanie L. Adamovich</td>
<td>Deborah Culbertson</td>
<td>Samantha Gustafson</td>
<td>Caleb J. McNiece</td>
</tr>
<tr>
<td>Jayne Ahlstrom</td>
<td>Sumitrajit Dhar</td>
<td>Ashley Harkrider</td>
<td>Srikanta Mishra</td>
</tr>
<tr>
<td>Sophie Ambrose</td>
<td>Jeffrey DiGiovanni</td>
<td>Mike Hefflerly</td>
<td>Michelle Molis</td>
</tr>
<tr>
<td>Karen Anderson</td>
<td>Marilyn Dille</td>
<td>Julie Honaker</td>
<td>Joe Montano</td>
</tr>
<tr>
<td>Samira Anderson</td>
<td>Ann Dix</td>
<td>Derek Houston</td>
<td>Elaine Mormer</td>
</tr>
<tr>
<td>Kathryn Arhart</td>
<td>Virginia Driscoll</td>
<td>Todd Houston</td>
<td>Karen Munoz</td>
</tr>
<tr>
<td>Justin Aronoff</td>
<td>Michael Douglas</td>
<td>Fatima Husain</td>
<td>Nancy L. Nelson</td>
</tr>
<tr>
<td>Sam Atcherson</td>
<td>William Douglas</td>
<td>Gayla Huttsell Guignard</td>
<td>Jared Novick</td>
</tr>
<tr>
<td>Roberta Aungst</td>
<td>Kathryn R. Dowd</td>
<td>Peter Ivory</td>
<td>Sharon S. Palmer</td>
</tr>
<tr>
<td>Bopanna Ballachanda</td>
<td>Camille Dunn</td>
<td>Kristen Janky</td>
<td>Christina Perigoe</td>
</tr>
</tbody>
</table>

*As of December 2015. If we have inadvertently omitted your name, please accept our apology.
What comes to mind when you hear the phrase “public health”? Clean water? Immunization programs? Health care for the underserved? ASHA wondered how audiologists perceive “public health,” so we asked a question about it in the 2014 biennial audiology survey.

Public health is about preventing disease and promoting health among individuals, families, communities, and entire populations. All health professions have a public health component (think about programs that encourage people to stop smoking, increase exercise, or get cancer screenings). But how much do audiologists know about the scope and necessity of public health in the context of audiology practice?

A random sample of 4,000audiologists received the 2014 survey, and 1,811 audiologists completed it. Of those, 737 answered the open-ended question, “What does the phrase ‘public health issues and audiology’ mean to you?” We used conventional content analysis to determine the key concepts in the answers. Respondents identified a range of public health concepts relevant to audiology.

- **Raising awareness.** This concept included two areas: (a) raising awareness about the importance of good hearing to overall health and quality of life (on a personal and societal level) and (b) increasing awareness of audiology as a profession, particularly in view of the changing landscape of health care delivery and the advent of “big box” retail/online availability of hearing aids.
- **Education.** Providing information to individuals about hearing risks, protective behaviors, warning signs of hearing loss, the consequences of untreated hearing loss, and falls prevention were among the topics frequently mentioned. In addition to educating patients and clients, some respondents specifically pointed out the need to educate primary care physicians and other health care providers.
- **Relationship to other health issues.** Respondents commented on the relationship of hearing loss to a range of other health effects—including dementia and cognition, diabetes, depression, mental health, emotional balance, kidney disease, and aging processes.
- **Screening.** Screening programs were identified as an aspect of public health and audiology. Respondents specifically mentioned early hearing detection and intervention programs, pediatric and school-age screenings, and screenings for particular at-risk populations (e.g., people who smoke or have diabetes, and adults over a given age).
- **Access to services.** Issues related to access to hearing care were a common response. Themes included underserved populations (e.g., individuals who are economically disadvantaged, who do not speak English, and those who live in geographically remote locations), direct access to audiologists, lack of insurance coverage for services, and insufficient Medicaid providers.
- **Prevention.** Many respondents commented on the traditional issues of occupational noise and hearing conservation programs; however, some respondents mentioned prevention in other contexts as well—such as wellness checks, community prevention initiatives, risk reduction, and balance and falls prevention programs.
- **Hearing risks.** Respondents noted a variety of hearing risks as related to audiology and public health, including noise (both occupational and recreational), ototoxic chemicals and medicines, and personal lifestyle choices. Noise pollution and risks from personal listening devices were frequently mentioned.
- **Legislation.** The role of legislation in hearing health was a common
Deborah L. Berndtson, AuD, CCC-A, Associate Director, Audiology Professional Practices, ASHA

Health care in the United States has become very specialized, focusing on specific systems rather than the whole person. Using this model, when we are sick, we seek or are referred to a specialist for an ailment. The specialist is trained to treat the ailment, not the whole person. Newer models of health care delivery in the United States are shifting to a person-centered or holistic approach.

In audiology, ideally, each patient should have an individualized plan of care as a component of person-centered care. Audiologists have unique expertise that allows them to contribute to individualized plans of care for those with hearing, balance, and auditory system disorders. The goal of an individualized plan of care is to reach the desired functional outcomes identified by the person in collaboration with health professionals. The person is responsible for taking ownership of the treatment of his/her condition under the guidance of health care professionals. When the person and/or significant other(s) take ownership of care, compliance and satisfaction improve, and costs are lowered.

To practice person-centered care, audiologists must consider the whole person, taking into account the needs and desired outcomes expressed by the person. To do this best, we put the person at the center of care, often including other professionals. This approach will add value in the minds of those served. For more information on person-centered care, please visit the ASHA website at http://www.asha.org/aud/Person-Centered-Care-in-Audiology/.

Christi Themann is an audiologist with the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, based in Cincinnati, Ohio.

Putting the Person at the Center of an Individualized Plan of Care

Audiologists have unique expertise that allows them to contribute to individualized plans of care for those with hearing, balance, and auditory system disorders.
Overall, there’s good news for audiologists on the pay front, according to the results of the 2014 Audiology Survey conducted by ASHA.

**Annual Salaries**

In 2014, audiologists reported a median annual salary of $75,000, up from $73,000 in 2012 (a 3% increase). Salaries vary depending on position, experience, geographic region, and other factors. In 2014, audiologists in the West reported the highest median salary ($80,779), followed by those in the Northeast ($80,000), Midwest ($73,000), and South ($71,498).

Survey data confirm that experience matters when it comes to salary. In 2014, audiologists with 1 to 3 years of experience in the profession earned $65,053, compared with $86,614 for those with 28 or more years of experience. Administrators, supervisors, and directors had the highest median salary ($100,465), followed by researchers ($88,486; see Figure 1).

**Bonuses and Commissions**

Audiologists who collected bonuses in addition to a base salary received an overall median amount of $2,000 in 2014. Bonus amounts differed by work setting ($9,575 in industry; $2,413 in nonresidential health care facilities (such as private physicians’ or audiologists’ offices); and $1,000 in hospitals).

Those who earned a commission in addition to a salary received an overall median amount of $17,811, up from $16,196 in 2012 (a 10% increase). Commission amounts varied by work setting ($29,651 in franchises/retail chains; $21,095 in hospitals; and $15,000 in nonresidential health care facilities).

Additional salary information is available at [http://www.asha.org/research/memberdata/AudiologySurvey/](http://www.asha.org/research/memberdata/AudiologySurvey/).

ASHA will conduct the next Audiology Survey in September 2016.

---

**Did You know?**

Audiologists are health care professionals who provide patient-centered care in the prevention, identification, diagnosis, and evidenced-based treatment of hearing, balance, and other auditory disorders for people of all ages. Hearing and balance disorders are complex with medical, psychological, physical, social, educational, and employment implications. Audiologists provide professional and personalized services to minimize the negative impact of these disorders, leading to improved outcomes and quality of life.
ASHA Advocacy Scores Win for Hospital Audiologists

Lisa Satterfield, MS, CCC-A, Associate Director, National Center for Evidence-Based Practice, ASHA

More than 25% of ASHA audiology members work in hospitals—which creates the need for distinctive advocacy efforts to ensure the appropriate coverage of audiology services. In 2015, ASHA advocacy efforts paid off for hospital audiologists.

The Centers for Medicare & Medicaid Services (CMS) pays for hospital services performed by audiologists under prospective payment systems—that is, instead of payment based on the familiar Current Procedural Terminology (CPT) codes and the American Medical Association (AMA) Relative-Value Update Committee (RUC), services in hospitals are bundled into the overall care of the patient, and the rates are calculated using past cost data from the hospital. Hospital audiologists use CPT codes to track services and, on occasion, receive separate reimbursement. It is important to note that services paid for by CMS for Medicare patients include only diagnostic services; they do not include hearing aid or treatment services.

Outpatient audiology services for Medicare patients fall under the Outpatient Prospective Payment System (OPPS), which classifies codes by “ancillary” and “primary” and places them into payment groups of codes with similar characteristics. This is the first step to bundling the services. For years, most audiology services were paid for separately, even with the classification system. However, CMS has slowly been changing payment policies that in 2015 resulted in a complete bundling of the “ancillary” codes. Under 2015 policies, if a primary service was billed within the hospital on the same date as an ancillary service, only the primary service would be reimbursed. Vestibular services and most electrophysiological services (e.g., auditory brainstem response [ABR]) are classified as “primary,” ensuring payment for those services regardless of other procedures billed by the hospital.

However, with the bundling and cost-saving initiatives, the list of ancillary services has been growing. The current list includes the comprehensive audiometric test, acoustic immittance, and their related component codes (e.g., pure tone, speech, reflexes).

Despite advocacy efforts by ASHA, in 2015 the audiometric and cochlear implant services remained on the “ancillary” code list. ASHA met with CMS officials to discuss the independent practice of the audiologist in the hospital setting and the importance of financial stability for hospital audiology clinics. CMS officials explained the pressures of a bundled payment system and indicated that a claims data analysis was necessary to demonstrate that services were being inappropriately paid with unrelated procedures.

ASHA moved forward to obtain the data and analysis necessary to support audiologists in the hospital clinics. The analysis clearly demonstrated that services performed on the same date as a cochlear implant programming and follow-up were unrelated; procedures such as immunizations, chest X-rays, and endoscopies were cancelling out the cochlear implant (CI) payment. Data for the audiometric services, such as pure tone and acoustic immittance, was less clear, as most of the services performed on the same date were physician visits, vestibular testing, ABRs, and other audiometric codes. It is arguable that audiometric services are not ancillary by nature of the service; however, CMS determined that the data supported appropriate bundling because of the high incidence of performing audiometric services with other audiology services.

The final result is a substantial victory for audiologists in hospital cochlear implant centers. CMS overturned its decision to classify the cochlear implant programming codes as “ancillary.” In 2016, the codes are now considered primary services—guaranteeing separate payment regardless of the other services performed in the hospital. Audiology clinics will continue to be separately reimbursed for vestibular services and ABR—and at higher rates than those established under the AMA RUC process.

Here’s the takeaway for hospital audiologists: Hearing tests are bundled with other services in the hospital payment system for Medicare. These policies are the first of many to bundle payment and ultimately compel audiologists to provide services efficiently and effectively.

ASHA will continue working to ensure that audiologists and the services they provide are recognized as essential in all health care settings.

For specific rates and policies, download the Hospital Outpatient Prospective Payment System for Audiologists and Speech-Language Pathologists at http://www.asha.org/Practice/reimbursement/medicare/feeschedule.htm [PDF].
Final Development of a U.S. Standard for Cochlear Implants

Vasant Dasika, William Regnault, and Srinivas “Nandu” Nandkumar

A U.S. standard for cochlear implant systems, AAMI/CI86, Cochlear Implant Systems—Requirements for Safety, Functional Verification, Labeling and Reliability Reporting, is in the final development stages through the American Association for Medical Instrumentation (AAMI). The standard establishes acceptable requirements for cochlear implant devices sold in the United States that treat hearing impairment by means of electrical stimulation of the cochlea. The standard applies to both implantable and external components of cochlear implants, including electrodes, stimulators, sound processors, batteries, system accessories, and supporting software.

The objective of AAMI/CI86 is to address areas that have been either addressed in less detail or unaddressed by existing international standards for cochlear implant systems. Two areas unique to AAMI/CI86 include (a) specification of device characteristics as part of device labeling and regulatory applications and (b) specification of uniform and consistent requirements for reporting on the reliability of devices to the public and to regulatory bodies. To achieve these goals, an AAMI Cochlear Implant Committee was formed in 2010 following submission of a work item proposal in 2010 by the U.S. Food and Drug Administration (FDA). This committee includes representatives of four cochlear implant manufacturers, FDA representatives, surgeons, audiologists, academicians, and members of the public and professional organizations. AAMI/CI86 was developed by the committee between 2011 and 2016.

The committee generated consensus requirements in AAMI/CI86 that span the following areas: (a) specification of system and component design, including factors that affect safety and effectiveness; (b) safety and environmental testing; (c) bench-level performance testing; (d) product labeling, including descriptive, advisory, and warning information (including detailed device specification sheets); and (e) gathering and reporting of device reliability information based on postmarketing field experience.

Publication of AAMI/CI86 is expected in 2016. Following publication, cochlear implant manufacturers may voluntarily choose to comply with AAMI/CI86, thereby submitting high-quality, scientifically supported regulatory marketing applications to regulatory bodies in accordance with the requirements of the standard. Also, more uniform and transparent reporting of device reliability information is expected to be provided to the public by manufacturers who claim compliance to the standard. It is expected that AAMI/CI86 will be widely accepted among device manufacturers, will result in a more predictable regulatory process/outcome, and will lead to improvements in device innovation, safety, effectiveness, and reliability. In addition, it is expected that the provision of device specification sheets by complying manufacturers will better enable patients and clinicians to research and select suitable devices.

To subscribe:

Send a blank e-mail with the word “subscribe” in the subject line to AccessAudiology@asha.org.
Tick, tock. The final countdown has officially begun to the day when I slip on my graduation robe, cap, and high heels and walk with pride across the stage to receive my diploma! As this long-awaited day approaches, I cannot help but think about life postgraduation. What jobs will I apply for? What populations would I like to work with? What state will I practice in? How far am I willing to move away from family and friends? Prospective circumstances and available job opportunities will ultimately determine the answers to these questions. In other words, a job has to be available before I can apply for it. The available job must serve the patient population with whom I would like to work. And that job must be located in one of the states in which I would like to practice. I think it is safe to say that my future employer, to some extent, is dependent on opportunity. But other achievements are not.

One such achievement is my decision to obtain the Certificate of Clinical Competence (CCC)—something over which I have complete control; it is not dependent on opportunity. No matter what setting I choose to work in, what state I choose to practice in, or how far my job is from family and friends, one thing remains the same—I wisely choose to apply for a CCC.

I have been a member of the National Student Speech Language Hearing Association (NSSLHA) for 4 years, have served on the NSSLHA Executive Council as member-at-large for 2 consecutive years, and have had the privilege of serving on two ASHA committees. As a student who has been actively involved in the audiology community and is now transitioning to become an audiology professional in the next few months, obtaining my CCC-A has never been a question for me—not only because my career goal is to obtain a position in academia, but because of how this certificate illustrates my competencies in providing excellent services to my future patients. Furthermore, my NSSLHA membership will allow me to take full advantage of the NSSLHA-to-ASHA conversion discount. As a certificate holder, windows of opportunity for jobs will be opened wide, and credibility for my skills will be reflected. Hesitation is not a trait when it comes to making this important decision. This is a certificate that I have worked diligently toward for 8 years. Yes, I want it—because I’ve earned it!

Nia B. Potier, BA, is a 4th Year AuD Student at Louisiana Tech University and 4th Year extern at the U.S. Department of Veterans Affairs.

**Audiology Quality Consortium**

The Audiology Quality Consortium (AQC) is composed of representatives from 10 audiology organizations. The AQC’s mission is to:

- collaborate on the development of audiology quality measures for use in the Centers for Medicare & Medicaid Services (CMS) Physician Quality Reporting System (PQRS) and with other health care payers;
- monitor the status of audiology quality measures for reporting under PQRS and other health care payers;
- respond to proposed rules and measure changes by CMS and other measure owners on behalf of the audiology community; and
- educate audiologists regarding audiology quality measures and PQRS reporting requirements.

**AQC Members**

American Speech-Language-Hearing Association (ASHA)
http://www.asha.org

American Academy of Audiology (AAA)
http://www.audiology.org

Academy of Doctors of Audiology (ADA)
http://www.audiologist.org

Academy of Rehabilitative Audiology (ARA)
http://www.audrehab.org

American Academy of Private Practice in Speech Pathology and Audiology (AAPPSPA)
http://www.aappspa.org

Association of VA Audiologists (AVAA)
http://www.myavaa.org

Directors of Speech and Hearing Programs in State Health and Welfare Agencies (DSHPSHWA)
http://www.dshpshwa.org

Educational Audiology Association (EAA)
http://www.edaud.org

Military Audiology Association (MAA)
http://militaryaudiology.org

National Hearing Conservation Association (NHCA)
http://www.hearingconservation.org

For more information, visit http://audiologyquality.org/about-aqc/.
About SIG 6, Hearing and Hearing Disorders: Research and Diagnostics

Jeanane M. Ferre, PhD, CCC-A, SIG 6 Coordinator

The mission of Special Interest Group (SIG) 6, Hearing and Hearing Disorders: Research and Diagnostics, is to provide a forum for collaboration between researchers and clinicians to translate research into evidence-based practice related to hearing and balance. We are a community of peers interested in a wide range of 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. I am very happy to report that 2015 was a banner year for SIG 6!

As in other years, SIG 6 published two issues (spring and fall) of Perspectives online. Our April 2015 issue examined conditions leading to auditory complaints in the absence of demonstrable peripheral hearing impairment. The November 2015 issue featured articles examining medical and genetic issues associated with or resulting in hearing impairment.

Our SIG had exceptionally strong participation and representation at the annual ASHA Convention in Denver, with many members playing key roles. SIG 6 co-sponsored a short course and developed an oral session. In addition, SIG 6 Coordinator Jeanane M. Ferre was this year’s Program Co-Chair, with affiliates Teri Bellis, Bob Burkard, and Keith Woglemuth serving as topic area chairs. Participating as topic area review committee members and/or presenting sessions at Convention were affiliates Kristina Blaiser, Marc Brennan, Arlene Carney, Craig Champlin, Barbara Cone, Tara Davis, David DeBonis, Patricia Dorn, Kathryn Dowd, Marc Fagelson, Katie Faulkner, Lawrence Feth, Samantha Gustafson, Eric Healy, Mark Hedrick, Gilber Herer, Peter Ivory, Wafa A. Kaf, Nicole Marrone, Patti Martin, Maryrose McInerney, Karen McNealy, Anna Kharlamova Meehan, Jo Manette Nousak, Andrew Palmer, Leigh Reel, Elizabeth Scaring, Scott Seeman, John Seikel, Stuart Trembath, David Velenovsky, and Alyssa Whinna. In participation with the other audiology-related SIGs, SIG 6 co-hosted the SIGificant Luncheon, 2015’s affiliate meeting, open to all affiliates as well as those interested in affiliation. We will continue to involve affiliates in Convention planning as well as discussions on topics of interest (clinical, research, and professional) to audiologists throughout the year by way of the online ASHA Community.

SIG 6 is guided by its Coordinating Committee. The 2015 Coordinating Committee members are Jeanane M. Ferre (SIG Coordinator), Chris Sanford (Associate Coordinator), Sumitraptit Dhar (Perspectives Editor), Susan Gordon-Hickey, Wafa A. Kaf, Peter Ivory (Professional Development Manager and Deborah Berndtson (Ex Officio, Associate Director, Audiology Professional Practices, ASHA). Our team is assisted by Ashley Harkrider, serving as the SIG 6 Associate Editor for Perspectives. Affiliates of SIG 6 are represented on the ASHA Board of Special Interest Group Coordinators (BSIGC) by the SIG Coordinator. The Coordinating Committee held two in-person meetings in 2015 to facilitate implementation of our work plan, in addition to hosting regular conference calls to address priority concerns. We welcome comments and suggestions from affiliates for use by the SIG, the BSIGC, and ASHA leadership.

Contact members of the SIG Coordinating Committee through the online ASHA Community with your concerns and ideas or to volunteer your leadership to SIG 6. For more information, visit the SIG 6 web page at http://www.asha.org/SIG/06/.

About SIG 7, Aural Rehabilitation and Its Instrumentation

Kathleen M. Cienkowski, PhD, CCC-A, SIG 7 Coordinator

Hearing loss is among the most common chronic health conditions in adults. However, successful management of hearing loss remains a challenge for patients and clinicians alike. The mission of Special Interest Group (SIG) 7, Aural Rehabilitation and Its Instrumentation, is to address the challenges that may affect the quality of life for patients with hearing loss. This is accomplished through affiliates’ active engagement in audiology, speech-language pathology, and other professions in the communication sciences and disorders (CSD) discipline. SIG 7 is guided by its Coordinating Committee, which consists of Coordinator Kathleen M. Cienkowski, Associate Coordinator Deborah S. Culbertson, Professional Development Manager Charissa R. Lansing, Perspectives Editor Rebecca Kelly-Campbell, members Nicole Marrone and Jill E. Preminger, and ex officio Paul Farrell. As of the writing of this article, there is an opening for editor of Perspectives: Aural Rehabilitation and Its Instrumentation, and SIG 7 welcomes inquiries about this position and other volunteer opportunities.

Affordable access to hearing health care has received considerable attention over the past year—most notably, when the President’s Council of Advisors on Science and Technology (PCAST) voted to support a recommendation for over-the-counter hearing devices. SIG 7 has been a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a staunch supporter of holistic hearing health care; a hearing device is a
patient-centered care that is widely accessible. At the core of our mission is the recognition that a device alone is not aural rehabilitation (AR). We address this and other issues that are important to SIG 7 affiliates through sponsored sessions at the ASHA Convention and through the online ASHA Community.

SIG 7 is the primary resource for ASHA on AR and patient-centered care. SIG 7 publishes at least one issue of Perspectives on Aural Rehabilitation and Its Instrumentation online each year; the content is available free to affiliates of all SIGs. SIG 7 affiliates can earn low-cost continuing education (CE) credits for Perspectives articles on topics related to patient-centered care, new delivery models for AR, and more. Professionals who want to learn more about AR and how to implement changing hearing health care practices in their own work settings are encouraged to join SIG 7. We welcome comments and suggestions from our affiliates. We encourage active participation from all affiliates. This will ensure representation from the diverse group of professionals who share a passion for working with patients who have hearing loss. Join the group, and get involved!

About SIG 8, Audiology and Public Health

Christi Themann, MA, CCC-A, SIG 8 Coordinator

Special Interest Group (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 Groups), SIG 8 has evolved its mission and vision over time. Several years ago, we changed the name to Public Health Issues Related to Hearing and Balance as a reflection of the expanded scope. In 2015, we modified the vision, mission, and goals of SIG 8 and renamed it again. The new name of SIG 8 is Audiology and Public Health. SIG 8 addresses public health issues related to all aspects of audiology.

ASHA has embraced the World Health Organization definition of interprofessional collaborative practice (IPC). IPC occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with individuals, their families, and communities to deliver the highest quality of care across settings. The ultimate goal of IPC is to achieve improved outcomes, quality of care, patient satisfaction, and safety. Many individuals with hearing and balance concerns need professional services from multiple disciplines. It is important for audiologists to continue to learn from, with, and about the professions who may also be serving audiology patients. This is reflected in the mission and goals of SIG 8.

Public health involves preventing disease, protecting health, and promoting quality of life by encouraging healthy behaviors, reducing risks, and establishing an environment conducive to well-being. In audiology, public health comprises a broad range of issues—such as educating the public about safe music listening habits; teaching seniors about falls prevention; the relationship between hearing loss and mental decline; informing the public about the value of good hearing and tinnitus risks; advocating to reduce community noise; and raising awareness about emerging issues, such as ototoxins and acoustic trauma from blasts. Diabetes, a nationwide public health issue, is a disease with associated pathologies affecting more than just one system. The National Health and Nutrition Examination Survey (http://www.cdc.gov/nchs/nhanes/about_nhanes.htm) indicated a greater prevalence of hearing loss observed in people with diabetes. These data also suggest that individuals with diabetes may experience hearing loss at younger ages.

Audiologists serve people of all ages. Hearing loss and falls prevention across the lifespan should focus on improved function (hearing and balance). Aging Baby Boomers want to remain active and living in their homes. Audiologists can facilitate independent living by providing technology and strategies that allow people of this age group to continue participating and making valuable contributions to society.

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.

SIG 8 is uniquely positioned to help shape the future in audiology by advocating for healthy hearing and balance. We publish one issue of Perspectives each year and maintain a lively presence in the ASHA Community. To join SIG 8, visit http://www.asha.org/SIG/Join/.

About SIG 9, Hearing and Hearing Disorders in Childhood

Aparna Rao, PhD, CCC-A, SIG 9 Coordinator

Special Interest Group (SIG) 9 affiliates are audiologists and speech-language pathologists who are passionate about issues related to hearing and hearing disorders in childhood.

SIG 9 publishes two issues of Perspectives annually. Each issue contains timely articles related to topics such as language outcomes in children with hearing loss, use of amplification in infants and children, and communication access in educational

continued on page 17
“A singer who can’t hear to harmonize is out of a job,” according to Janice Trent, AuD, CCC-A, and an ASHA-certified member in private practice in Bowie, Maryland. “Fitting a hearing aid can be the magic that saves her livelihood.”

Janice shares her observation in a print ad for ASHA’s new Value of the CCCs campaign (http://ashacertified.org). The campaign aims to raise awareness of the ASHA Certificate of Clinical Competence (CCC) among those who are in positions to refer, hire, supervise, and evaluate ASHA-certified members. Some 150,000 professionals have the certification.

“With the aging of the population and a rise in communication-related disability in the young, the public need for quality care for communication disorders is only increasing,” ASHA 2015 President Dr. Judith L. Page said at the time the Value of the CCCs launched. She noted that quality is behind the CCC credential. “It reflects the holder’s commitment to meeting and maintaining the highest professional standards.”

Campaign tactics include placing print and digital ads featuring ASHA-certified audiologists and speech-language pathologists on leading professional publications and sites. Besides Janice Trent, two other audiologists in private practice—Ikechi Iheagwara, ScD, CCC-A, White Plains, New York, and Ana Anzola, AuD, CCC-A, McLean, Virginia—as well as KarLeung Cornell Chung, AuD, CCC-A, Children’s National Medical Center, Washington, DC, are also featured in the initial campaign ads.

In the first months of the campaign, more than two dozen publications and sites with a total audience reach in the millions were targeted for Value of the CCCs ads. They included Healthcare Executive; Medical Economics; Modern Healthcare; Becker’s Hospital Review; Pediatric News; JAMA: The Journal of the American Medical Association; Education Week; eSchool News; and edutopia.

Ads are not the sole campaign tactic, however. For example, last September, the campaign mounted direct mail outreach to a target audience of 100,000 nationwide. In addition, campaign exhibits were shown at the conventions of the American Health Care Association, the American Academy of Pediatrics, and the National Association for the Education of Young Children.

At ASHA’s 2015 Convention, attendees who stopped by a campaign information center had the opportunity to be photographed and star in their own digital ads that they could share online. In addition, they received profession-specific decals of the campaign logo for display at their workplaces.

The Value of the CCCs campaign is envisioned as a 3-year effort. As time goes on, its tactics could be adjusted depending on the efficacy of what is tried. Meanwhile, various metrics will be monitored, including website traffic, banner ad impact, direct mail response, and surveys of key campaign targets.

At the time of this writing, returns on the campaign were promising. Time spent on the campaign site, the number of unique visitors, and the number of page views were trending up by wide margins. Meanwhile, digital ads placed with publications and displayed via search engine marketing were also performing strongly, with click-through rates far above average.

Remaining constant will be the featuring of ASHA-certified members plus the need for member engagement and feedback, both of which have already been valuable to the development and execution of the Value of the CCCs campaign. Readers are invited to contact pr@asha.org with questions and comments about the campaign. To see images from the campaign, visit http://ashacertified.org/. ©
Audiology Events Energized Attendees at Convention

Anne Oyler, AuD, CCC-A, Associate Director, Audiology Professional Practices, ASHA

The 2015 ASHA Convention was packed full of educational programming and special activities of interest to audiologists, speech-language pathologists interested in hearing disorders, hearing scientists, and AuD students. Approximately 80 audiology students were in attendance as part of a special incentive that provided them with free registration and support as they navigated their first ASHA Convention.

The Educational Audiology Association (EAA) and ASHA co-hosted a networking reception at the Corner Office Restaurant + Martini Bar on Thursday evening. The theme was “Pioneers in Childhood Hearing.” As many know, Colorado was ground zero for many beloved “pioneers” in pediatric hearing, including Marion Downs, Jerry Northern, Doreen Pollack, Christine Yoshinaga-Itano, Cheryl DeConde Johnson, Brenda Schick, Arlene Stredler-Brown, and Vickie Thomson.

Dr. Christine Yoshinaga-Itano was presented with EAA’s prestigious Fredrick S. Berg award for her groundbreaking research that greatly advanced early hearing detection and intervention programs, as well as for her advocacy on behalf of students with hearing loss. This event provided a fabulous opportunity for pediatric educational, clinical, and research audiologists, speech-language pathologists, and other professionals who work with and on behalf of children with hearing loss to interact. Sponsors included the Colorado chapter of the Alexander Graham Bell Association for the Deaf and Hard of Hearing, Oticon Pediatrics, Colorado Educational Audiology Group, MED-EL, Oticon Medical, Phonak, and Marion Downs Center, as well as the Educational Audiology Association and ASHA Special Interest Group (SIG) 9.

The audiology-related SIGs—SIGs, 6, 7, 8, and 9—joined forces to host the first SIGnificant Luncheon on Friday afternoon. Participants included audiology members, audiology SIG affiliates, and AuD students. The luncheon was sponsored by Interacoustics and included drawings for 16 free SIG memberships. During the luncheon, Interacoustics and each of the audiology SIGs gave short presentations. SIG representatives shared information about the benefits of joining an ASHA SIG. The event was a great success, with more than 200 in attendance.

An Audiology Open House on Friday evening was held for audiologists and audiology students. Hosted by Jaynee Handselman, ASHA’s 2016 president (and an audiologist herself), the open house included other notable guests including Jeanane Ferre, 2015 Audiology Convention co-chair, and Tucker Gleason, 2016 Audiology Convention co-chair. Several ASHA Board members were also in attendance. Audiologists and audiology students enjoyed light appetizers and a cash bar.

We hope to repeat the success of these activities at future ASHA Conventions!

Special Interest Groups

continued from page 15

settings. These articles are readily available online and allow our affiliates to earn ASHA continuing education units through self-study.

Each SIG sponsors courses at the annual ASHA Convention related to their topic areas. In 2015, SIG 9 contributed a short course on effective assessment and interprofessional collaboration for children with hearing loss. SIG 9 also contributed an invited session on bullying as it relates to school-age children with hearing loss. In addition, each SIG lends its expertise to the Convention planning committee by aligning with topic committees. In 2016, SIG 9 is aligning with the ASHA Convention Program Committee on the interprofessional research, education, and practice topic area. In January 2016, SIG 9 sponsored a live web chat focused on providing access to services for children with hearing loss through telepractice.

SIG 9 provides a unified voice and advocacy for childhood hearing loss within ASHA. The SIG 9 Coordinating Committee contributes to the public policy agenda and other organizational activities related to hearing and hearing disorders in childhood. SIG 9 Associate Coordinator Jeff Simmons was on the planning committee for ASHA’s online conference, Audiology 2015: Quality Outcomes for Cochlear Implants.

SIG 9’s Coordinating Committee includes Aparna Rao (Coordinator), Jeff Simmons (Associate Coordinator), Cindy Richburg (Perspectives Editor), Kristine Blaiser (Professional Development Manager), Kathryn Beauchaine (Continuing Education Manager), James Mashiie and Kathryn Wilson (members), and Anne Oyler (ex officio).

Affiliates can stay connected and aware of SIG 9’s activities through the member-only online ASHA Community. Please consider making SIG 9 an integral part of your professional education and practice. Join us! 📌
**Practice Portal: Member Engagement Supports Reflection and Refinement**

**Jill M. Reynolds, MA, CCC-SLP, Portal Project Resource Manager, ASHA**

ASHA’s Practice Portal is a dynamic online resource for audiologists and speech-language pathologists (SLPs). In the past year, the Practice Portal has been enhanced by the addition of several new topics, including the audiology-focused Childhood Hearing Screening and Hearing Aids for Adults. Each Portal topic page is reviewed, revised, and vetted by multiple volunteer subject-matter experts. Once a topic page goes live, feedback is requested and considered from our members and users at large.

Now that many topic pages are live on the portal, a period of reflection and refinement can ensue. The goal of the Practice Portal is to assist audiologists and SLPs in clinical practice by providing the best evidence, expertise, and relevant resources in a user-friendly format. Internal ASHA Practice Portal teams, with feedback from ASHA members and Practice Portal users, are acknowledging the ways in which the Practice Portal is meeting this goal and are recognizing the ways in which it can improve and thrive.

The reflection upon and refinement of the ASHA Practice Portal is dependent upon those members and Practice Portal users who generously volunteer their time and expertise to provide comments and suggestions regarding the final product, as well as those who participate as subject-matter experts during topic page development.

The ASHA Practice Portal can be found at [http://www.asha.org/practice-portal/](http://www.asha.org/practice-portal/). Members can stay engaged with the evolution of this project and can be kept aware of the new Practice Portal topic pages through Facebook, Twitter, and the ASHA Community.

We rely on our members, Practice Portal users, and volunteers to maintain the integrity of this dynamic online resource. If you are interested in commenting on any Practice Portal content or volunteering as a subject-matter expert for future topic pages, please contact the ASHA Practice Portal team at PortalInfo@asha.org. 

**EHDI-PALS Committee Testing Smartphone App Will Prompt Rescreening to Ensure Early Intervention**

**Winnie Chung, AuD, CCC-A, and Han Mason**

Although early hearing detection and intervention (EHDI) programs have been highly effective in increasing identification and diagnosis of newborns with hearing loss, the process of screening, rescreening, finding a pediatric audiologist, and obtaining early intervention services can be overwhelming for even the most organized new parent. The Early Hearing Detection and Intervention Pediatric Audiology Links to Services (EHDI-PALS) committee ([http://www.ehdipals.org](http://www.ehdipals.org)) has continued to take interest in any strategies that will help reduce the number of children who are lost to diagnostic follow-up.

In the coming year, the EHDI-PALS committee will begin pilot testing a free smartphone app designed to provide parents with information, prompts, and reminders at each point along the screening–diagnostic–early intervention path. The goal is to regularly place key information and support directly into parents’ hands as they navigate their way from newborn screening to early intervention.

The process would occur as follows: If a child were to fail his or her inpatient screening, hospital staff would explain to the parent the purpose of the app and would help guide the installation on the parent’s smartphone prior to discharge. The app then automatically generates regular alerts to the parent, reminding him or her to obtain a rescreen for the baby.

These alerts include:

- links to information regarding the importance of rescreening;
- links to national support resources; and
- an e-mail option to send a message directly to the state newborn hearing program asking for help.

When the rescreening is completed, the parent indicates whether the baby passed. If so, the app automatically uninstalls itself. If the baby does not pass the rescreening, the process repeats, with new alerts for a diagnostic evaluation. These alerts include similar links to information on the importance of diagnostic testing, support resources, and an e-mail option requesting help from the state EHDI program. Following diagnostic testing, the process repeats one final time—with the app uninstalling itself if the results indicate normal hearing, and with the app sending reminders and links to help the family identify early intervention services if a child has hearing loss.

Winnie Chung is a health scientist on the EHDI team at the Centers for Disease Control and Prevention. Han Mason is a student at Hampden Academy in Hampden, Maine.
# ASHA Award, Mentoring, & Research Education Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
<th>Award Recipients</th>
<th>Eligibility</th>
<th>Funding</th>
<th>More Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advancing Academic-Research Careers Award (AARC)</td>
<td>Supports new faculty development in CSD through mentored academic and research activities</td>
<td>Students, Researchers</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.htm">www.asha.org/students/AARC-Award.htm</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>Students, Researchers</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.htm">www.asha.org/students/ARTA-Award.htm</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>Students, Researchers</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.htm">www.asha.org/students/MSLP-Award.htm</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>Students, Researchers</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.htm">www.asha.org/students/RMPTA-Award.htm</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>Students, Researchers</td>
<td>Undergraduate, postbaccalaureate, or entry-level graduate program CSD students, currently enrolled part- 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.htm">www.asha.org/practice/ethics/essay_award.htm</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>Students, Researchers</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.htm">www.asha.org/students/SRTA-Award.htm</a> (Convention submission deadline)</td>
</tr>
<tr>
<td>Students Preparing for Academic-Research Careers Award (S.PARC)</td>
<td>Promotes student interest in the pursuit of PhD education and careers in academia</td>
<td>Students, Researchers</td>
<td>Undergraduate CSD juniors and seniors, 1st-year master’s and 1st- or 2nd-year AuD students</td>
<td>10 awards of $1,000 each</td>
<td><a href="http://www.asha.org/students/S.PARC-Award.htm">www.asha.org/students/S.PARC-Award.htm</a> (Due in April)</td>
</tr>
<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>Students, Researchers</td>
<td>CSD PhD students, postdoctoral fellows, and junior faculty</td>
<td>Variable</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>Students, Researchers</td>
<td>Undergraduate, master’s, and doctoral (e.g., PhD, AuD) CSD students, with preference given to those from underrepresented populations</td>
<td>Variable</td>
<td><a href="http://www.asha.org/students/mentoring/step">www.asha.org/students/mentoring/step</a> (Due in September and December)</td>
</tr>
<tr>
<td>Clinical Practice Research Institute (CPIR)</td>
<td>Provides funds to support the planning and preparation of a research grant proposal that addresses evidence-based practice in CSD</td>
<td>Students, Researchers</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/CPIR">www.asha.org/Research/CPIR</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 ASHA Foundation grant applications</td>
<td>Students, Researchers</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 (LSC; 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>Students, Researchers</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/L45">www.asha.org/Research/L45</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>Students, Researchers</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>PROmotioning 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>Students, Researchers</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

*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.

February 5, 2016
<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>DESCRIPTION</th>
<th>AWARDSEE</th>
<th>ELIGIBILITY</th>
<th>FUNDING</th>
<th>APPLICATION DEADLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Research Grant</strong></td>
<td>Advances knowledge of the efficacy of treatment and assessment practices</td>
<td></td>
<td>Researcher with a PhD or equivalent research</td>
<td>Up to 4 grants of $50,000 -</td>
<td>April 25, 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>doctorate in CSD</td>
<td>$75,000 each</td>
<td><a href="http://www.ashfoundation.org/">www.ashfoundation.org/</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>grants/research_grants/</td>
</tr>
<tr>
<td>**New Century Scholars</td>
<td>Encourages innovative scientific studies and talented investigators who</td>
<td></td>
<td>Researcher with a PhD or equivalent research</td>
<td>Up to 4 grants of $25,000</td>
<td>April 25, 2016</td>
</tr>
<tr>
<td>Research Grant</td>
<td>will advance the discipline's research priorities</td>
<td></td>
<td>doctorate in CSD</td>
<td>each</td>
<td><a href="http://www.ashfoundation.org/">www.ashfoundation.org/</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>grants/research_grants/</td>
</tr>
<tr>
<td>**New Investigators</td>
<td>Encourages research activities of new scientists pursuing research in</td>
<td></td>
<td>Researcher who earned a doctorate in CSD within</td>
<td>Up to 10 grants of $10,000</td>
<td>April 25, 2016</td>
</tr>
<tr>
<td>Research Grant</td>
<td>audiology or speech-language pathology</td>
<td></td>
<td>past 5 years</td>
<td>each</td>
<td><a href="http://www.ashfoundation.org/">www.ashfoundation.org/</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>grants/research_grants/</td>
</tr>
<tr>
<td>**Speech Science Research</td>
<td>Encourages research activities of new scientists pursuing research in speech</td>
<td></td>
<td>Researcher who earned a doctorate within past</td>
<td>One $10,000 grant</td>
<td>April 25, 2016</td>
</tr>
<tr>
<td>Grant</td>
<td>science</td>
<td></td>
<td>5 years</td>
<td></td>
<td><a href="http://www.ashfoundation.org/">www.ashfoundation.org/</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>grants/research_grants/</td>
</tr>
<tr>
<td>**Student Research Grant in</td>
<td>Supports student research studies in clinical or rehabilitative audiology</td>
<td></td>
<td>Doctoral (research or clinical) student</td>
<td>One $2,000 award</td>
<td>May 23, 2016</td>
</tr>
<tr>
<td>Audiology</td>
<td></td>
<td></td>
<td>proposing to initiate a 1-year research study</td>
<td></td>
<td><a href="http://www.ashfoundation.org/">www.ashfoundation.org/</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>grants/research_grants/</td>
</tr>
<tr>
<td>**Student Research Grant in</td>
<td>Supports student research studies in early childhood language development</td>
<td></td>
<td>Doctoral (research or clinical) student</td>
<td>One $2,000 award</td>
<td>May 23, 2016</td>
</tr>
<tr>
<td>Early Childhood Language</td>
<td></td>
<td></td>
<td>proposing to initiate a 1-year research study</td>
<td></td>
<td><a href="http://www.ashfoundation.org/">www.ashfoundation.org/</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>grants/research_grants/</td>
</tr>
<tr>
<td>**New Century Scholars</td>
<td>Supports doctoral students committed to a teaching/research career</td>
<td></td>
<td>Student enrolled in a research doctoral program</td>
<td>Up to 20 scholarships of $10,000 each</td>
<td>May 9, 2016</td>
</tr>
<tr>
<td>Doctoral Scholarship</td>
<td></td>
<td></td>
<td>(PhD or equivalent) in CSD</td>
<td></td>
<td><a href="http://www.ashfoundation.org/">www.ashfoundation.org/</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>grants/GraduateScholarships/</td>
</tr>
<tr>
<td>**Graduate Student Scholarship</td>
<td>Supports master’s or doctoral students in CSD who demonstrate academic</td>
<td></td>
<td>Full-time master’s or doctoral student in CSD</td>
<td>Up to 20 scholarships of $5,000 each</td>
<td>May 23, 2016</td>
</tr>
<tr>
<td></td>
<td>achievement and promise</td>
<td></td>
<td>(doctorate can be research or clinical)</td>
<td></td>
<td><a href="http://www.ashfoundation.org/">www.ashfoundation.org/</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>grants/GraduateScholarships/</td>
</tr>
<tr>
<td>**Scholarship for Minority</td>
<td>Supports minority master’s or doctoral students in CSD who demonstrate</td>
<td></td>
<td>Member of an ethnic or racial minority group and</td>
<td>One $5,000 scholarship</td>
<td>May 23, 2016</td>
</tr>
<tr>
<td>Students</td>
<td>academic achievement and promise</td>
<td></td>
<td>a full-time master’s or doctoral student in CSD</td>
<td></td>
<td><a href="http://www.ashfoundation.org/">www.ashfoundation.org/</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(doctorate can be research or clinical)</td>
<td></td>
<td>grants/GraduateScholarships/</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Only U.S. citizens are eligible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**Scholarship for International</td>
<td>Supports international/ minority master’s or doctoral students in CSD who</td>
<td></td>
<td>Full-time international/ minority master’s or</td>
<td>One $5,000 scholarship</td>
<td>May 23, 2016</td>
</tr>
<tr>
<td>Students</td>
<td>demonstrate academic achievement and promise</td>
<td></td>
<td>doctoral student studying CSD in the U.S.</td>
<td></td>
<td><a href="http://www.ashfoundation.org/">www.ashfoundation.org/</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(doctorate can be research or clinical)</td>
<td></td>
<td>grants/GraduateScholarships/</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Only non-U.S. citizens are eligible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**Scholarship for Students With</td>
<td>Supports master’s or doctoral students with a disability who is studying</td>
<td></td>
<td>Full-time master’s or doctoral student</td>
<td>One $5,000 scholarship</td>
<td>May 23, 2016</td>
</tr>
<tr>
<td>a Disability</td>
<td>CSD who demonstrate academic achievement and promise</td>
<td></td>
<td>who is studying CSD</td>
<td></td>
<td><a href="http://www.ashfoundation.org/">www.ashfoundation.org/</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(doctorate can be research or clinical)</td>
<td></td>
<td>grants/GraduateScholarships/</td>
</tr>
<tr>
<td>**Scholarship for NSLHA</td>
<td>Supports active national NSLHA members, accepted to a CSD graduate program,</td>
<td></td>
<td>Undergraduate senior with an active national</td>
<td>One $5,000 scholarship</td>
<td>May 23, 2016</td>
</tr>
<tr>
<td>Members</td>
<td>who demonstrate academic achievement and promise</td>
<td></td>
<td>NSLHA membership and who will begin graduate</td>
<td></td>
<td><a href="http://www.ashfoundation.org/">www.ashfoundation.org/</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>study in CSD in Fall 2016</td>
<td></td>
<td>grants/GraduateScholarships/</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>**Frank R. Kleffner Lifetime</td>
<td>Honors an individual's exemplary contributions to clinical science and</td>
<td></td>
<td>Individual who demonstrates multiple</td>
<td>One Crystal award</td>
<td>April 11, 2016</td>
</tr>
<tr>
<td>Career Award</td>
<td>practice over a period of no less than 20 years</td>
<td></td>
<td>contributions with far-reaching impact</td>
<td></td>
<td><a href="http://www.ashfoundation.org/">www.ashfoundation.org/</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>grants/Clinical-Achievement-Awards/</td>
</tr>
<tr>
<td>**Louis M. DiCarlo Award for</td>
<td>Recognizes a significant recent accomplishment within the past 5 years in</td>
<td></td>
<td>Individual who demonstrates specific clinical</td>
<td>One $2,000 award</td>
<td>April 11, 2016</td>
</tr>
<tr>
<td>Recent Clinical Achievement</td>
<td>audiology and/or speech-language pathology</td>
<td></td>
<td>achievement and is nominated by state association</td>
<td></td>
<td><a href="http://www.ashfoundation.org/">www.ashfoundation.org/</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>grants/Clinical-Achievement-Awards/</td>
</tr>
<tr>
<td>**Roland J. Van Hattum Award</td>
<td>Recognizes exemplary contributions to the delivery of audiology and/or</td>
<td></td>
<td>Individual who is employed by a school system</td>
<td>One $2,000 award</td>
<td>April 11, 2016</td>
</tr>
<tr>
<td>for Contribution in the Schools</td>
<td>speech-language pathology services within a school setting</td>
<td></td>
<td>who demonstrates specific contributions to school services</td>
<td></td>
<td><a href="http://www.ashfoundation.org/">www.ashfoundation.org/</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>grants/Clinical-Achievement-Awards/</td>
</tr>
</tbody>
</table>

For more information, contact foundationprograms@asha.org or 301-296-8703.
ASHA Continuing Education: Keeping Audiologists Practice Ready

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

Audiologists assume many roles in their daily practice while providing services in the prevention, diagnosis, and treatment of hearing and balance disorders for people of all ages. As patient-centered care becomes more prevalent, establishing partnerships, solidarity, empathy, and collaboration with patients, their families, and other health care professionals is key to optimal outcomes.

Being mindful, informative, and empathic is more important than ever for audiologists to practice effectively in this dynamic health care environment. Continuing education (CE) is one avenue where audiologists can acquire the skills needed for this emerging role. Courses in the areas of collaboration, technology, telepractice, advocacy, changing payment methodologies, and regulatory policies are among those that will shift to high-priority status.

ASHA’s Course Search—At Your Service

Find a course that best meets your professional development needs by using the ASHA CE Course Search. You can find courses offering ASHA CEUs by searching the CE course database using keywords, such as “patient-centered care” or “interprofessional practice”; instructional level; course format (e.g., group learning, self-study or blended); date; and online/distance learning or in-person courses. Go to http://www.asha.org, scroll down, and click on “Find a CEU Course.”

View Your ASHA CE Registry Transcript 24/7

Audiologists who join the ASHA CE Registry can access their CE Registry transcript online, including on a smartphone or tablet. 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 and selecting “View Your Transcript.”

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 http://www.asha.org/ce/ and click on “What is the ASHA CE Registry?”

Look for the ASHA-Approved CE Provider CE Insignia

ASHA-Approved CE Providers have an insignia that you may notice 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;
- find CE Providers that offer workshops, seminars, and conferences that are within the scopes of practice for audiology and speech-language pathology.

“Gift to the Grad

ASHA’s Special Offer for Graduates: Apply Between May 1–August 31, 2016

Melanie Johnson, Membership Program Manager, ASHA

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. The Gift to the Grad is one of several money-saving options that is offered to new graduates. When a graduate applies for membership and certification between May 1 and August 31, he or she will receive up to 20 months of membership for the price of 12. 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 http://www.asha.org/students/gradgift, e-mail joinasha@asha.org, or call the ASHA Action Center at 800-498-2071.
Quality Outcomes for Cochlear Implants’ was the theme of the 2015 Audiology Online Conference, which was in session October 7–19, 2015. ASHA’s annual online conference for audiologists is the largest of its kind. The 248 attendees this year were audiologists, speech-language pathologists (SLPs), educators, and other professionals who either work directly with cochlear implants or expressed interest in learning more about important topics related to this technology and current expectations for outcomes for implant recipients. The event offered ample opportunities for continuing education without the need for travel. In addition to the 14 recorded sessions, attendees could also participate in associated hour-long live-chat sessions with the presenters.

I was honored to be included as a co-presenter for the plenary session—“Measuring Outcomes in Cochlear Implants”—with René Gifford and Holly Teagle. Conference presentations included information on the use of newer technology such as hybrid cochlear implants or auditory brainstem implants and on the potential use of telepractice in the delivery of cochlear implant services. Several sessions focused on expanding indications for cochlear implants, such as those in individuals with substantial low-frequency residual hearing, with asymmetric hearing loss, or with unilateral hearing loss/single-sided deafness.

Despite its name, Audiology 2015 offered sessions for other communication sciences and disorders (CSD) professionals as well. There were presentations by SLPs that addressed topics such as phonological awareness and acquisition of reading skills, effects of early auditory deprivation on word learning, speech development in pediatric cochlear implant recipients who are bilingual, whole-child assessment, speech-language therapy planning frameworks, and activities to infuse auditory development into both home and classroom. Attendees could also learn about the use of music training as part of aural rehabilitation, the use of cochlear implants for remediation of auditory neuropathy spectrum disorder, and the recommended tools and techniques for assessing implant outcomes. Finally, reimbursement for cochlear implant services—a critical if not always glamorous topic—had its own session, too.

Presenters highlighted the current evidence on their respective topics and provided practical information that could be used in service provision or everyday practice. In their feedback regarding the conference, the participants’ overall satisfaction rating averaged 4.56 out of 5—indicating the 2015 Audiology Online Conference was as well-received as those from previous years. Thank you to all of the presenters and participants who helped make the conference a success.

Jeffrey L. Simmons is the cochlear implant clinical coordinator for the Lied Learning and Technology Center for Childhood Deafness and Vision Disorders Center at Boys Town National Research Hospital in Omaha, Nebraska.

ASHA is excited to announce the 2016 Audiology Online Conference on Collaborative Strategies for Students With Hearing Loss. Mark your calendar to join us October 5–17, 2016, to delve into collaborative school-based service delivery approaches, literacy development, cutting-edge technology, counseling for self-advocacy, and the regulatory landscape of today’s educational system. This conference will provide ASHA members with the opportunity to learn how to improve access to education for students with hearing loss. Learn more at http://www.asha.org/events/aud-conf/.
Comments From Attendees of the Audiology 2015 Online Conference

“The invited speakers are some of the best in the field of cochlear implants. I also liked the number of resources (biosketch, slides, references) provided by ASHA for each speaker.”

   – Wendy P., Seattle, WA

“I loved that the sessions were each only around 1–2 hours long and could be accessed any time within the week, including two weekends. I was able to learn when I was ready, and I didn’t have to take any time off or travel. This format was perfect for my schedule.”

   – Brenna M., Boulder Creek, CA

“The presenters were amazing. They provided evidence for their topic and excellent videos showing clinical application.”

   – Tina S., Sandpoint, ID

“I liked the wide range of topics that were related to CI, and [I also liked] hearing about the research and what it needs to look at in the future for the many types of CI recipients.”

   – Jane H., Grand Forks, ND

“It was great, very informative. As a hearing impaired audiologist, I really needed the transcripts to follow along for some speakers. This made it so easy for me. Thank you!”

   – Roz G., Lancaster, PA

“I enjoyed that the presenters gave real-world advice about their studies with the possible outcomes for CI candidacy, and also the post-implant results with examples for overcoming the various barriers they encountered. Also, I found the third-party reimbursement information to be most helpful.”

   – Lucia B., Mobile, AL

“The variety of topics was impressive. I also appreciated the format of the talks with separate chat sessions.”

   – Lenea E., Decatur, GA

“The sessions were very practical and [are] things I will use in my practice.”

   – Lisa D., Salt Lake City, UT

“Excellent cohort of leading experts in the field. The presentations provided relevant, cutting-edge research and information that was usable.”

   – Gabriel B., Meridian, ID

Get Social With ASHA!

Are you following ASHA on social media? For articles and announcements from ASHA and other resources, follow us on Facebook, LinkedIn, and Twitter (@ASHAWeb). To find resources and ideas, check out our Pinterest boards. For videos, be sure to subscribe to our YouTube channel, https://www.youtube.com/user/ASHAWeb. And to see what’s happening in ASHA’s National Office and beyond, be sure to follow us on Instagram (ashaweb). Got more to say? You also can access the members-only ASHA Community at http://community.asha.org/home to share announcements, take part in discussion threads, and even contribute to The ASHA Leader blog. ©
ASHA’s 2015–2025 strategic objective to advance interprofessional education and collaborative practice (IPE/IPP) is well underway. Let’s consider some components critical to successful IPE/IPP. Effective IPE/IPP require multiple professions communicating and collaborating to achieve optimal outcomes. It is equally important to understand that individual and family-centered care is central to IPE/IPP. This means that the individual receiving services is also a member of the team. In order for care to be effective, the perspective and values of the individual and family must be considered and given voice in guiding clinical decisions (Institute of Medicine, 2001).

So, how do we engage the patient or client and his or her family? For starters, Barry and Edgman-Levitan (2012) recommend that clinicians ask not only, “What is the matter?” but also “What matters to you?” This latter question opens the conversation with individuals and families about their values, preferences, and needs. We demonstrate respect and responsiveness for these preferences when we engage individuals and their families as partners in the decision-making process. This shared decision making encompasses the nonhierarchical team approach associated with IPE/IPP, in which information is readily shared and a better understanding of relevant information and options results in shared responsibility for determining the best course of action.

Sharing information in this way empowers individuals and their families to make choices and decisions appropriate for them. This buy-in to care also leads to greater outcomes and greater satisfaction of the care that is provided.

As a part of this approach, it is necessary to educate and orient individuals and their families to the essential roles that they play on the team and to provide the support and tools needed for them to participate effectively. Haley (1987) described an approach for supporting the family through this process as “joining the family.” Others describe a similar process as allowing individuals to “tell their story”—that is, meeting the family where they are in their understanding of the situation by eliciting, understanding, and respecting their feelings, opinions, need for information, and expectations. Doing so necessitates establishing a rapport and dialogue with families that fosters trust and respect. As the relationship develops, communication and respect translate into engagement and collaboration in jointly developing an appropriate plan of care—with greater understanding of options, roles, and compliance for implementation.

An individual or patient-centered approach is consistent with evidence-based practice, in which clinical decisions are based on consideration of the scientific evidence, the clinical expertise, and the client/patient/caregiver perspective. The patient-centered approach is also germane to IPE/IPP as described by the Interprofessional Education Collaborative (IPEC, 2011) in their core competencies model and in the specific competency domain of Values and Ethics. For example:

**VE1:** Place the interests of patients and populations at the center of interprofessional health care delivery.

**VE6:** Develop a trusting relationship with patients, families, and other team members.

(In IPEC, 2011, p. 19)

The desired objectives of IPE/IPP are improved outcomes, enhanced satisfaction of care, and greater cost efficiencies in delivery of care. These objectives cannot be achieved without the active participation of individuals and their families. And the active participation of families cannot be achieved without clinicians being open to and supportive of the needs and values of those we serve. As educators and clinicians, our goal is to understand that “families come as they are,” and we must strive to understand their perspective and be responsive to their needs and values if our services are to have any impact. IPE/IPP, which encompasses the principles of individual and family-centered care, is an effective means for achieving this goal.

**References**


Did You Know?

ASHA supports audiology students through ASHFoundation awards, special programming at the annual ASHA Convention, opportunities to serve in a leadership position, and a significant membership conversion discount.
Audiology/Hearing Science Research Travel Award (ARTA)

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

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 Philadelphia, November 17–19, 2016!

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

An individual is eligible to apply if he or she has not previously won the award and is, 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 and 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 expected to attend designated sessions and events, including pre-Convention events. Meals are covered at many of these. There is ample opportunity to attend additional Convention sessions of interest.

Application

Visit http://www.asha.org/students/ARTA-Award/. The application form for 2016 will be available at this URL in March. All application materials must be received by May 1, 2016; award notification will take place in July. Contact academicaffairs@asha.org if you have questions.

Congratulations to the following 25 individuals who were selected to receive a travel award to attend the ASHA Convention in Denver, November 12–14, 2015.

Carlos Benitez, PhD candidate, Vanderbilt University
Tracy Centanni, postdoctoral fellow, Massachusetts Institute of Technology
Catherine Choy, AuD candidate, Rush University
Sarah Faucette, PhD candidate, East Carolina University
Micya Doremus, AuD candidate, University of Tennessee Health Science Center
Julia Garrick, AuD candidate, University of Cincinnati
Alicia Hutchison, AuD candidate, University of Pittsburgh
Kelsey Klein, AuD candidate, University of Iowa
Michael Kurth, PhD candidate, University of Connecticut
Simon Landry, PhD candidate, University of Montreal
Alison Marinelli, PhD candidate, University of Connecticut
Hannah McLeod, AuD candidate, Utah State University
Hilary McManus, AuD candidate, Pace University
Samantha Morgan, AuD candidate, The Graduate Center–CUNY
Bruna Mussoi, PhD candidate, University of Iowa
Stephanie Poulos, AuD candidate, Rush University
Hannah Pourchot, PhD candidate, University of Texas at Dallas
Paul Reinhart, PhD candidate, Northwestern University
Amanda Rodriguez, PhD candidate, Texas Tech University Health Science Center
Adrienne Roman, postdoctoral fellow, Vanderbilt University Medical Center
Holden Sanders, AuD candidate, University of Arizona
Emily Spitzer, AuD candidate, University of North Carolina–Chapel Hill
Ivy Thompson, PhD candidate, University of Cincinnati
Alyssa Whinna, AuD candidate, Bloomsburg University of Pennsylvania
Megan Wilburn, AuD candidate, East Tennessee State University
During 2013, I was admitted into a summer research program that aimed to prepare undergraduates for graduate schools, where they most likely intended to work toward a career in research. I began conducting my own research at the University of Arizona, after contributing to the ongoing audiology research in the lab where I worked (and still do so today). In Spring 2014, I went to the Association for Research in Otolaryngology conference in San Diego to present my research and what we had found thus far. In Spring 2015, I heard about and applied for the Audiology/Hearing Science Research Travel Award (ARTA). Having never been to the ASHA Convention, I thought that the ARTA program could be a good opportunity to go and see what it was all about. I was thrilled to discover that I was a 2015 ARTA awardee.

I was open to whatever experiences awaited me at the ASHA Convention. My goal was to learn more about a career as a researcher in audiology. I wanted to be able to identify and network with faculty conducting research on cochlear implants.

On the first day of Convention, I attended the ARTA welcome breakfast, where I met the other ARTA recipients as well as ASHA National Office staff, Board of Directors members, and ARTA application reviewers. The first ARTA reviewer I met was Tucker Gleason, PhD, who encouraged me in my pursuit of a degree in audiology and the research that I had done at the University of Arizona.

After the breakfast, we attended the opening ceremony. The excitement in the convention center was palpable. ASHA keynote speaker and TED Talk presenter Kelly McGonigal gave an inspirational speech on the power of mindfulness with chronic pain and life struggles. After the opening session, one of the first things that I did was meet up with one of my professors, Barbara Cone, who serves as a vice president on the ASHA Board of Directors. I had the honor of being introduced to ASHA Chief Executive Officer Arlene A. Pietranton, PhD, CAE.

On Thursday and Friday, I went to as many lectures and information sessions as possible. In addition to the interesting audiology sessions that I attended, I also attended several sessions that discussed different aspects of applying to a PhD program, succeeding in a PhD program, and establishing a successful career in research. One event that stood out was the Research Roundtables. Here, several experienced researchers from around the country facilitated discussions to dispel some of the mystery surrounding the program application process and the ability to succeed in PhD programs.

As a result of my ARTA award, I had the pleasure of meeting several researchers, including René H. Gifford, PhD, and Julie Bierer, PhD. My experience at the ASHA Convention as an ARTA awardee greatly exceeded my expectations! I feel that I used this opportunity to get the most out of the ASHA Convention experience.

One thing that will stick with me for a long time is my realization that ASHA cares deeply about audiology and supports the profession with wonderful science sessions at Convention. The ARTA program is another way that ASHA supports AuD and PhD students (and post-docs) with a commitment to the development of budding researchers who will continue to shape the profession. I am grateful for the experience, and I encourage audiology students with an interest in research to apply to the ARTA program! I look forward to what lies ahead in my studies and my future career, and I will certainly make ASHA a part of that journey.

Holden Sanders is an AuD student at the University of Arizona.
Benefits of ASHA Membership

Peggy Savage, Member Relations Manager, and Mike Skiadas, CAE, Director, Membership, ASHA

As an ASHA member, you are part of a vibrant community of more than 182,000 communication sciences and disorders (CSD) professionals, approximately 13,000 of whom are audiologists.

Our goal is to provide you evidence-based practice information, professional education and consultation, and a supportive community to help you make a difference. Find audiology-specific resources at [http://www.asha.org/aud/](http://www.asha.org/aud/), vetted practice guidance at [http://www.asha.org/practice-portal/](http://www.asha.org/practice-portal/), and professional consultation with staff audiologists at [audiology@asha.org](mailto:audiology@asha.org).

The following is a list of programs, products, and services you have access to through your ASHA membership.

**Knowledge**

- **Evidence-Based Resources** – The Practice Portal is your one-stop access to resources that help guide evidence-based decision making on clinical and professional issues.

**Learning**

- **Continuing Education** – ASHA Professional Development provides a variety of continuing education opportunities such as convenient self-study products, workshops, and conferences, including the annual Online Audiology Conference.
- **Continuing Education (CE) Tracking** – The ASHA CE Registry is the only service that tracks the ASHA continuing education units (CEUs) you earn!
- **ASHA Convention** – Get a significant discount on the premier annual professional education event for audiologists.
- **Outreach Advocacy** – The shared concerns of audiologists—reimbursement, health care coverage, educational policies, funding for programs, and state licensure laws—are powerfully communicated by ASHA.
- **Public Relations (PR)** – Year round, ASHA PR publicizes the profession of audiology through media relations, major campaigns, and various forms of traditional and digital outreach, regularly attracting audiences in the millions.

**Community**

- **Community** – Your ASHA membership allows you to tap into the collective expertise of your fellow audiologists through ASHA’s member community.
- **Exclusive Professional Communities** – Join Audiology Special Interest Groups (SIGs), and receive *Perspectives*, a series of online periodicals for Special Interest Groups (SIG) affiliates.
- **Mentoring** – Student to Empowered Professional (S.T.E.P.) is an online mentoring program where mentees and mentors communicate to address short- or long-term goals.
- **Growing Your Audiology Practice** – ASHA’s professional referral service, ASHA ProFind, helps you connect to the public.
- **Career Resources** – Locate job openings, or post jobs on [http://www.asha.org](http://www.asha.org) and in *The ASHA Leader*.

**Money-Saving Affinity Benefits**

- **Professional Liability Insurance** – ASHA offers professional liability insurance tailored to the special needs of audiologists—as well as disability, life, and other insurance products—through Mercer Consumer. For more information, please call 866-795-9340.
- **Auto Insurance** – ASHA offers auto insurance through GEICO. For more information, please call 800-368-2734.
- **Auto Purchase/Lease Program** – Save more than $3,000 off the MSRP of any new Subaru, for lease or purchase, through the Subaru VIP Partners Program. To take advantage of this offer, you must contact ASHA at 800-498-2071 before visiting a dealership.
- **Credit Card Processing** – Elavon is consistently rated among the top five global payment providers delivering flexible, secure, and innovative solutions. For more information, please call 800-546-1831.
- **Preventive Health Screenings** – Life Line Screening is offering exclusive discounts for ASHA members, their families, and friends. Call 866-579-5074 to schedule a screening.
- **Absolute Lowest Price on Generic Prescriptions** – Print your FREE RxCut® Plus prescription savings card from the website, and start saving immediately by submitting your card to the pharmacy with your prescription.
- **ASHA’s Lifestyle Marketplace** – Significant discounts for things you love to do—at work or at play—including discounts on hotels, rental cars, and many other wonderful deals: [http://www.lifestylemarketplace.net/asha](http://www.lifestylemarketplace.net/asha).

Visit [http://www.asha.org](http://www.asha.org) to take advantage of the benefits that fit your needs.
Student Ethics Essay Award
Write Your Way to the ASHA Convention!

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

Christine Delfino, a former graduate student at Arizona State University, was able to attend the 2014 ASHA Convention in part because of her winning Student Ethics Essay Award (SEEA) essay. Each year, the first-place SEEA winner receives $750 and a complimentary student registration to that year’s Convention. Second- and third-place finishers receive $500 and $250 respectively. All winners receive a 1-year membership to the National Student Speech Language Hearing Association (NSSLHA) in addition to other awards and recognition.

The SEEA competition is part of ASHA’s efforts to enhance ethics education activities and is open to part-time or full-time students enrolled in any undergraduate, post-baccalaureate, or entry-level graduate program in communication sciences and disorders (CSD) during the 2015–2016 academic year.

Sara Pool, a graduate student at George Washington University, was able to attend the 2015 Convention in part because of her first-place essay. How can you write your way to ASHA Convention? Start by submitting an essay on this year’s topic of client abandonment, considering questions like these:

- How does the ASHA Code of Ethics handle the topic of client abandonment?
- What are the ethical implications of client abandonment in your work as a student clinician?
- How do you handle ethical dilemmas and challenges regarding client abandonment during your clinical practice and/or research endeavors?

You’ll be surprised at what you’ll learn about the topic and about yourself as you research and write your essay!

Make sure to deliver your essay and application to your program director or his/her designee by April 15, 2016. Complete essay topic, requirements, and submission guidelines can be found at http://www.asha.org/Practice/ethics/essay_award/. Questions? Contact ASHA Ethics at ethics@asha.org.

“Student Ethics Essay Award Write Your Way to the ASHA Convention!”

Did You know?

ASHA’s nationally recognized Certificate of Clinical Competence allows audiologists to easily transfer their licensure from one state to another.

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 http://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.

“Student Ethics Essay Award Write Your Way to the ASHA Convention!”

Did You know?

ASHA’s nationally recognized Certificate of Clinical Competence allows audiologists to easily transfer their licensure from one state to another.

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 http://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.
ASHA hosted its first AuD Student Day on April 17, 2015. The event was organized by members of the Audiology Professional Practices Unit. Arriving at the National Office for an afternoon of presentations by ASHA staff were 26 students and seven AuD program faculty from three local universities: Gallaudet University, University of Maryland College Park, and James Madison University.

Representatives from six ASHA units shared information about ASHA’s resources and events. These included presentations by Academic Affairs and Research, the ASHFoundation, Certification, Ethics, Government Relations and Public Policy, and the National Student Speech Language Hearing Association. A tour of ASHA was conducted at the conclusion of the meeting.

Following the event, a survey was distributed to attendees. Results revealed that the event was a smashing success! Both students and faculty indicated the presentations increased awareness of how ASHA works on behalf of the audiology profession. The majority of students noted that they were likely to obtain a CCC-A upon completion of their education. A suggestion by survey participants was to allow more time for peer-to-peer networking. We look forward to expanding this event in 2016.

---

ASHA’s Action Center
Your Connection to Professional Assistance

Eduardo Velasquez, Quality Assurance Manager, ASHA

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 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
- Determine when your 3-year Certification Maintenance requirement is due and the number of professional development hours that you 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 2015 ASHA Catalog, including economical group rates
- Register for conferences, webinars, and eLearning opportunities
- 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 4,000 e-mails and other forms of correspondence—from members, students, and consumers. We now have an online live-chat option as well.

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
A Snapshot of Today’s AuD Programs

Valencia Perry, PhD, CCC-SLP, Associate Director of Academic Affairs and Research Education, ASHA

Do you ever wonder about the facts and trends among graduate clinical programs for the doctorate of audiology (AuD)? How many programs exist? Where are these programs located? How many people recently graduated with the AuD degree?

You can find answers to questions like these in the Higher Education System (HES) Communication Sciences and Disorders (CSD) Education Survey.

Each year, ASHA and the Council of Academic Programs in Communication Sciences Disorders collect and disseminate essential data on academic programs through the HES CSD Education Survey in order to identify and forecast trends in the CSD pipeline.

The 2014 survey boasts an impressive overall response rate of 93%. Audiology programs, in particular, yielded a 92% response rate. This success could not have been achieved without the diligent input of program directors, faculty, and staff who meticulously gathered and reported information for the survey. Their efforts allow CSD professionals to have access to a rich data source that provides invaluable insight into facets of CSD academic programs at all degree levels.

This article highlights some of the current data gathered from AuD entry-level programs in the United States during the 2013–2014 academic year.

AuD Program Characteristics
- 75 colleges or universities offer the entry-level clinical AuD degree.
- 46.6% of the AuD programs are administratively housed in schools of allied health, health sciences, health professions, and public health.
- 40 states have institution(s) with AuD programs.
- Two states (Illinois and Texas) have institutions that offer five AuD programs.
- Three states (New York, Ohio, and Tennessee) have institutions that offer four AuD programs.

Admissions and Enrollment
- 3.26–3.96 is the mean grade point average (GPA) range for students offered admission.
- 11 is the mean capacity for number of admissions per program.
- 34.9% of admitted students were offered funding.
- 741 students were newly enrolled.
- 2,573 was the total student enrollment.
- 15.18% of enrolled students were male.
- 10.95% of enrolled AuD students were identified as belonging to a racial/ethnic minority.

Graduation
- 568 AuD degrees were granted.
- 16% of graduates were male.
- 11 semesters was the average time to degree.
- 4.3% of programs required a thesis for degree conferral.
- 383 and 1,922 were the average number of practicum hours obtained at on-campus and off-campus sites, respectively.

Employment
- 78.5% of graduates’ first employment was in a health care setting (including private practice).
- 2% of graduates’ first employment was in a school setting (K–12).
- 3% of graduates’ first employment was in a college or university setting.

This information offers just a glimpse into the wealth of data available in the published reports of the HES CSD Education Survey. The national aggregate, state aggregate, and trend reports provide a robust description of the characteristics of U.S. institutions that have programs within the CSD discipline.

To access more published data and reports, please visit the HES CSD Education Survey at http://www.asha.org/Academic/HES/CSD-Education-Survey-Data-Reports/ or contact hes@asha.org.

---

Top 3 Technical Assistance Questions From Members and Consumers

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

ASHA Audiology Professional Practices provides technical assistance and consultation to ASHA members and consumers. What do members and consumers want to know? In 2015, they inquired most about:

1. Professional practice activities and issues—For example, a person with an audiology degree in another country who is moving to the United States wants to know about educational/licensure requirements to practice in the United States and about audiologists’ scope of practice.
2. Diagnostics and treatment in adults—Topics included hearing loss, amplification, hearing assistive devices, and auditory processing disorders.
3. Diagnostics and treatment in children—Topics included classroom acoustics, amplification, hearing assistive devices, cochlear implants, and auditory processing disorders.

If you have questions, please contact audiology@asha.org. We are here to listen and help you find answers! ☺️
There is no question that you only get one chance to make a good first impression. Patients and clients begin evaluating the professionalism of the practice even before they enter the door. The first person they speak with on the telephone or the first person that greets them as they enter may set the tone for every other interaction.

Most practices will spend a great deal of time (and money) on the recruitment and training of billing and reception personnel. Likewise, support personnel may receive advanced technical or clinical training. The unfortunate reality is that they may not get the same “soft skills” education as the front-desk employees.

Depending on the level of utilization in your practice, audiology assistants may be an untapped resource in terms of enhancing the patient/client experience. The audiology assistant in your practice may engage in valuable one-on-one interactions with patients/clients because he or she typically has more time to spend with them during the appointment.

Technical proficiency is paramount in any audiology support professional, but a congenial assistant can also help put an anxious client’s fears or insecurities to rest. An audiology assistant can help, in skillful ways, to minimize concerns in patients/clients of all age groups by reassuring them through a high level of professionalism and a warm, affable approach, especially during the initial encounter.

How do you provide the resources to help audiology assistants become ambassadors of goodwill for your practice? One great place that may serve as a “one-stop shop” is the ASHA Associates Program.

For 5 years, the ASHA Associates Program has provided a way for audiology support personnel to join ASHA and gain access to valuable information such as the Associates Insights e-newsletter (http://www.asha.org/associates/Associates-Insights/), The ASHA Leader (http://leader.pubs.asha.org/), and the Associates Community (https://community.asha.org/communities/community-home?CommunityKey=0ec6ff01-6add-4a33-95c2-4b9672e921cc) as well as access to valued products such as professional liability insurance and discounts on products/services. In addition, the ASHA Associates Program provides links to helpful articles and online tools such as the Audiology Assistants topic (http://www.asha.org/Practice-Portal/Professional-Issues/Audiology-Assistants/) in the Professional Issues area of the ASHA Practice Portal.

Finally, the Associate Center (http://www.asha.org/associates/) has links to many useful articles from the Associates Insights e-newsletter and from Skill Building Resources for Audiology Assistants and Speech-Language Pathology Assistants (SLPAs), http://www.asha.org/associates/Skill-Building-Resources-for-Assistants/, which contains links to low-cost or free online classes and training.
ASHFoundation Congratulates Audiologists and Hearing Scientists

Nancy Minghetti, Executive Director, ASHFoundation

The American Speech-Language-Hearing Foundation serves at the heart of the ASHA community. What could be more gratifying than working to invest in new leaders, to foster innovation, and to steward the advancement of knowledge, tools, and techniques that help society?

More than 2,000 individuals have been recipients of a total investment of almost $8 million over the life of the ASHFoundation. That’s $8 million directed at supporting innovators and sparking innovation to help individuals with problems in hearing, speech, language, or swallowing.

The audiology community is the direct beneficiary of ASHFoundation financial support—money raised from a variety of constituent sources supports research grants and scholarships, in addition to clinical and special initiatives. ASHFoundation funding helps professionals launch their careers, engage in critical priorities of the field, leverage additional funding sources, and access mentoring and networking opportunities. The charitable activities of the ASHFoundation elevate the importance and visibility of audiologists; speech-language pathologists; and speech, language, and hearing scientists.

In 2015, the ASHFoundation awarded $526,000 to 77 talented researchers, students, and clinicians to support the best in research, education, and clinical care. The following practicing and aspiring audiologists and hearing scientists received recognition as part of the ASHFoundation’s celebration of awardees on November 13, 2015. You can learn more about them and other 2015 recipients by visiting http://www.ashfoundation.org.

**CLINICAL RECOGNITION PROGRAMS**

**Louis M. DiCarlo Award for Recent Clinical Achievement**

This award honors significant accomplishments to advance clinical service.

**René H. Gifford**

Vanderbilt University, Nashville, Tennessee

**State Clinical Achievement Award**

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

**Kimberly Ward**

Mississippi

**RESEARCH GRANT PROGRAMS**

**New Century Scholars Research Grant—$25,000 grant**

This grant encourages innovative scientific studies and talented investigators who will advance the field’s research priorities.

**Christi W. Miller**

University of Washington

**Supported by the Wayne and Marilyn Olsen Audiology Research Fund**

**New Investigators Research Grants—$10,000 grants**

These grants encourage research activities of new scientists who have earned a doctorate within the past 5 years.

**Sriram Boothalingam**

Northwestern University

**Jonathan H. Venezia**

University of California, Irvine

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

These grants, supported by the Ira M. Ventry and Brad Friedrich Memorial Funds, encourage research projects in clinical or rehabilitative audiology by doctoral students.

**Chanie Monoker**

City University of New York

Mentor: Brett Martin

**Elizabeth C. Stewart**

Arizona State University

Mentor: Andrea Pittman

**SCHOLARSHIP PROGRAMS**

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

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

**Nicole E. Corbin**

University of North Carolina at Chapel Hill

**Samantha J. Gustafson**

Vanderbilt University

**Tess K. Koerner**

University of Minnesota, Twin Cities

**Spencer B. Smith**

University of Arizona

**AuD Scholarships—$5,000 scholarships**

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

**Carlos R. Benitez-Barrera**

Vanderbilt University

**Sarah L. Camera**

University of Connecticut

**Lauren M. Charles**

University of North Carolina at Chapel Hill

**Giau N. Le**

University of Arizona

Plan now to take notice of ASHFoundation resources and funding programs and apply for research grant, scholarship, and clinical award opportunities.

The ASHFoundation is dedicated to bringing forward-thinking solutions to individuals who face communication problems and to the clinicians who serve them. We ask you to be part of this important legacy by contributing to our annual giving campaign. Only through the collective generosity of individuals, corporations, and organizations can we make a true difference. Support innovators. Spark innovation. Contribute today at https://www.ashfoundation.org/donations.
Each May, Better Hearing & Speech Month (BHSM) presents the opportunity to raise awareness about communication disorders and the role that ASHA members can play in providing life-altering treatment. Visit our BHSM webpage for resources to help you celebrate and educate all month (and all year) long: http://www.asha.org/bhsm.

In 2015, the ASHA National Office celebrated BHSM by inviting staff kids to make rain sticks and learn about different kinds of sounds. Send photos from your 2016 BHSM activities to audiology@asha.org, and we’ll include them in the next issue of ASHA Audiology Connections!
Patient-Centered Care: The Role of the Case History

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

The case history, (http://www.asha.org/public/hearing/Hearing-Case-History/), an essential component of the audiologic evaluation, enables the patient/client to share information with the health care provider and plays a key role in helping the clinician identify information needed to support patient-centered care. The case history is typically obtained in one of three ways:

- Interview – The patient/client is asked a series of questions and responds.
- Health questionnaire – The patient/client is asked to respond to a printed list of questions.
- Combined approach – An interview follows the completion of the questionnaire and enables expansion and clarification of responses.

Who You Ask

In many instances, the patient/client serves as the informant for completing the case history. There are times—for example, when assessing young children, individuals who do not share your language, or those with developmental disabilities—when our attention turns and we rely on others such as a parent, guardian, friend, and so forth, to obtain information.

The clinical interaction began as a routine hearing screening of a 4-year-old. The referral was made through the pediatric outpatient clinic in the acute-care hospital where I worked. This was pre-early hearing detection and intervention (EHDI), and the screening test results clearly indicated the need for a complete audiologic evaluation. I reviewed the chart and asked the mom additional questions. There was nothing remarkable in the information provided. The mom expressed no concerns about the child’s hearing and stated that she noted no questionable behaviors that might indicate hearing difficulties. Then, I asked the 4-year-old, “Which ear hears the best?” She pointed to the ear that had a 5-dB PTA. “How long has it been the best?” “Always; the other one can’t hear,” she replied. Her mother asked, “Why didn’t you tell me?” The 4-year-old responded, “You never asked me.” What started as a routine pre-kindergarten hearing screening revealed a profound, unilateral, sensorineural hearing loss.

Lesson learned: Each and every patient can and should contribute to his/her clinical picture.

How You Ask

Ethnographic interviewing (http://www.asha.org/practice/multicultural/issues/casehx.htm) is a useful technique when obtaining a case history. Ethnographic interviews provide unique insight and information into individual lives and experiences. The informant has the opportunity to share experiences and to select which information to disclose in response to the interviewer’s open-ended questions.

Highlights from the case history included notes that AWD is a 9-year-old male with a severe-to-profound, bilateral, sensorineural loss with pure-tone averages of 100 dB and 95 dB in the right and left ear, respectively. There is a history of maternal rubella. AWD was fit with body aids from ages 2–5 years, followed by binaural BTEs. There is a history of purulent otitis media.

Ethnographic interviewing resulted in additional valuable contributions to the clinical picture and plan, including the following:

- The importance of AWD’s birth order in his family and how that impacts the family’s goals for him. As the first-born male, he is expected to assume the role of the family leader, with no indicators that might compromise his abilities in that role.
- Faith-based beliefs that served as the foundation for the parents’ attribution of cause of the hearing loss as well as what was considered an acceptable therapeutic response. The family shared their belief in Divine will and a curative effect and would have a time-limited need for use.

Lesson learned: Always provide the opportunity to receive information and answers to questions that you may not have known to ask. This additional information will aid in establishing appropriate goals as well as supporting compliance by the patient/client and family.

Why You Ask

The Institute of Medicine defines patient-centered care as “Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.” It involves educating patients/clients and their families/caregivers about a diagnosis, potential treatment, or healthy behavior. It means providing full, unbiased information and guidance from health care providers about options, benefits, and risks. It also means considering the individual’s cultural traditions, personal preferences and values, family situations, social circumstances, and lifestyles.

AWD’s grandmother routinely places drops of sweet oil into his ear canals, covers the canals with a large towel, and then places a warmed clothing iron on top to “help loosen the infection and clean out the ear.”

Lesson learned: Always practice beyond the tip of the otoscope.

Patient-centered care = clinically competent care = culturally competent care. Read more about cultural competence at http://www.asha.org/Practice-Portal/Professional-Issues/Cultural-Competence/.
The ASHA Strategic Pathway to Excellence includes a priority to collaborate with the World Health Organization (WHO) as a strategic partner. In 2013, ASHA and the Pan American Health Organization (PAHO), Regional Office for the Americas of the World Health Organization (PAHO/WHO), launched the ASHA-PAHO Project.

ASHA and PAHO jointly selected three of PAHO’s priority countries in Latin America: Honduras, El Salvador, and Guyana. These countries have expressed a need for technical assistance regarding communication sciences and disorders (CSD). The ASHA-PAHO on-site needs assessment teams identified specific areas of focus for each country and planned educational and technical assistance in communication disorders. ASHA-PAHO formed three ad hoc committees, composed of ASHA members, to implement the plans.

**General Objectives**

The general objective of the ASHA-PAHO Project is to strengthen knowledge and capacity building to address hearing, speech, language, and swallowing disorders.

**Specific Objectives**

The ASHA-PAHO Project has three specific objectives, which are detailed below.

- **Objective 1: Provide technical assistance to CSD professionals in Honduras.** To meet this objective, ASHA assisted with the establishment of a degree program in phonoaudiology at the Universidad Nacional Autónoma de Honduras (UNAH).

- **Objective 2: Provide technical assistance to CSD professionals in El Salvador.** ASHA provided technical assistance to the Audiology Center at Instituto Salvadoreño de Rehabilitación Integral (ISRI) for professional development of staff in audiology and speech-language pathology.

- **Objective 3: Provide technical assistance to CSD professionals in Guyana.** ASHA is providing technical assistance to the Guyana Ministry of Health to help CSD professionals in this country (a) strengthen its national strategic plan for early detection and intervention of communication disorders and (b) provide curriculum enhancements in speech-language therapy and audiology to the University of Guyana.

**Collaboration to Date**

Collaboration on the ASHA-PAHO Project has led to the following results in Honduras, El Salvador, and Guyana.

- **Honduras: Silvia Martinez, Ad Hoc Committee Chair**
  - The ad hoc committee reviewed the curriculum and program proposal of the new phonoaudiology program approved by UNAH Council in February 2015.
  - Phonoaudiology program will begin offering courses in January 2016.

- **El Salvador: Linda I. Rosa-Lugo, Ad Hoc Committee Chair**
  - The ad hoc committee reviewed the curriculum and program proposal of the new phonoaudiology program approved by UNAH Council in February 2015.

- **Guyana: Gloria Weddington, Ad Hoc Committee Chair**
  - The audiology and speech-language therapy curriculum proposal developed by the ad hoc committee was approved by the University of Guyana in April 2015.
  - New program started in Fall 2015. Ad hoc committee is assisting with the recruitment of faculty, including audiologists.

**PAHO Hearing Health Program**

ASHA is actively engaged with the new PAHO Hearing Health Program, led by Juan Carlos Silva, PAHO/WHO regional advisor for Blindness and Hearing Health. Two key PAHO documents were translated from Spanish into English: the PAHO Regional Strategic Plan for Ear and Hearing Care in the Americas (hereafter, “the PAHO strategic plan”) and the concept document titled PAHO Regional Forum on Ear and Hearing Care in the Americas. In addition, Pam Mason, director of Audiology Professional Practices at ASHA, provided feedback to the creators of the PAHO strategic plan.
ASHA participates in the PAHO Regional Forum on Ear and Hearing Care in the Americas, an online network of audiology and related professionals who promote, discuss, and propose health policies geared toward ear and hearing care within the framework of the PAHO strategic plan.

Successful collaboration with PAHO has facilitated engagement with programs at the WHO headquarters in Geneva, Switzerland. ASHA was invited to participate in two endeavors in October 2015: (a) the WHO meeting of Collaborating Centers and Organizations in Official Relations as part of the Disability and Rehabilitation Team in Manchester, United Kingdom, and (b) the WHO Stakeholders’ Consultation on Safe Listening Devices in Geneva, Switzerland. ASHA also collaborated with the WHO on the development of “Make Listening Safe,” a public education campaign about the threat of noise-induced hearing loss.

**ASHA-PAHO Collaboration Liaisons**

Lily Waterston, Director, International Programs, ASHA, and Ex Officio to the Ad Hoc Committees

Armando Vasquez, Regional Advisor on Disability and Rehabilitation, PAHO/WHO

---

**NEW QUALIFICATIONS and lower fees!**

**FEES**

$75 annual dues plus a $15 one-time processing fee

**BENEFITS**

- The ASHA Leader and journals
- ASHA website
- Convention discounts
- Continuing education opportunities
- Special Interest Group eligibility
- Product and services discounts

**Information:**

joinasha@asha.org • www.asha.org/ia

---

**Hearing Research Symposium Coming to the ASHA Convention**

Interested in learning about advances in hearing research? Join us at the 2016 ASHA Convention in Philadelphia for this year’s Research Symposium, “Advances in Auditory Attention Research and Processing Complex Auditory Stimuli.” Presentations by the following invited scholars will take place all day on Saturday, November 19, 2016: Michael Dorman, Karen Helfer, Gerald Kidd, Lori Leibold, Barbara Shinn-Cunningham, and Elyse Sussman. The symposium brings together clinicians and scientists to discuss current research that has important implications for the study of communication sciences and disorders. It also provides a great research mentoring opportunity for students and emerging researchers through its associated travel award. Award applications are due July 1, 2016. The symposium and the travel award are funded, in part, by a grant from the National Institute on Deafness and Other Communication Disorders. For details, visit [http://www.asha.org/research/ResearchSymposium](http://www.asha.org/research/ResearchSymposium). Questions may be directed to research@asha.org.

---

**Did You know?**

More audiologists affiliate with ASHA than with any other professional organization.
New Brochure Helps Raise Awareness of Audiology Profession

At ASHA, we can help you inform the public about your expert role in the prevention, diagnosis, and evidence-based treatment of hearing and balance disorders for people of all ages. *Audiologists: Who We Are and What We Do* offers a description of what audiologists do to help improve quality of life, guidance about when to see an audiologist, and tips for finding an ASHA-certified audiologist. The colorful brochure includes photos and vignettes representing the spectrum of patients who see audiologists. Written in plain language, the content will resonate with patients as well as family members of those with hearing and balance disorders. Check out this and other helpful consumer education materials in the ASHA online store at http://www.asha.org.

Audiology Information Series

Did you know that ASHA offers free patient information handouts—available in English and Spanish? Go to the audiology homepage at http://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 webpages and provide consumers with easy access to their subjects of interest in a plain-language format. These handouts would be a great complement to your patient education materials.

Post externship opportunities on ASHA’s Online Career Center — FREE

This additional Online Career Center service is offered to assist academic programs with identifying additional, available externship opportunities for their students.

**Academic Programs**
View the available externship opportunities on ASHA’s Online Career Center at http://careers.asha.org. Contact sites to further consider the opportunities for your eligible students and to establish affiliation agreements.

**Sites**
Post externships on ASHA’s Online Career Center at http://careers.asha.org. If you have never used the ASHA Online Career, register to create your account. To post your opportunity, click “Post a job” and under “Type,” select “Externship.” Return users log in using their login and password. For questions about how to post externship opportunities, contact customer service at 888-491-8833, Ext. 1014 (Extension Required).

**Students**
Search the opportunities and then discuss them with your academic program externship coordinator regarding your eligibility and qualifications and to ensure that affiliation agreements and other externship requirements defined by the academic program are met. Students may post a resume to ASHA’s Online Career Center.

**Also Available: Postdoctoral Fellowships and Internships**
Postdoctoral Fellowship postings $100 for 60 days
Internship postings $50 for 60 days

Externship, Internship, and Postdoctoral Fellowship opportunities cannot be combined with any other job announcement and the resume database search is not included.

**Career Center Customer Help/Service**
Available 8:30 a.m.–5:30 p.m.
Phone: 888-491-8833, ext.1014
E-mail: customerservice@jobcontrolcenter.com

For information about how to post a job vacancy in *The ASHA Leader* or on ASHA’s Online Career Center:
Phone: 301-296-8726
E-mail: advertising@asha.org
Website: marketing.asha.org

---

**Post externships on ASHA’s Online Career Center — FREE**

This additional Online Career Center service is offered to assist academic programs with identifying additional, available externship opportunities for their students.

**Academic Programs**
View the available externship opportunities on ASHA’s Online Career Center at http://careers.asha.org. Contact sites to further consider the opportunities for your eligible students and to establish affiliation agreements.

**Sites**
Post externships on ASHA’s Online Career Center at http://careers.asha.org. If you have never used the ASHA Online Career, register to create your account. To post your opportunity, click “Post a job” and under “Type,” select “Externship.” Return users log in using their login and password. For questions about how to post externship opportunities, contact customer service at 888-491-8833, Ext. 1014 (Extension Required).

**Students**
Search the opportunities and then discuss them with your academic program externship coordinator regarding your eligibility and qualifications and to ensure that affiliation agreements and other externship requirements defined by the academic program are met. Students may post a resume to ASHA’s Online Career Center.

**Also Available: Postdoctoral Fellowships and Internships**
Postdoctoral Fellowship postings $100 for 60 days
Internship postings $50 for 60 days

Externship, Internship, and Postdoctoral Fellowship opportunities cannot be combined with any other job announcement and the resume database search is not included.

**Career Center Customer Help/Service**
Available 8:30 a.m.–5:30 p.m.
Phone: 888-491-8833, ext.1014
E-mail: customerservice@jobcontrolcenter.com

For information about how to post a job vacancy in *The ASHA Leader* or on ASHA’s Online Career Center:
Phone: 301-296-8726
E-mail: advertising@asha.org
Website: marketing.asha.org
Greetings! I am so excited about plans already shaping up for the 2016 ASHA Convention in Philadelphia, November 17–19, 2016. Mark your calendar! This will be the third time that Philadelphia has hosted the ASHA Convention, and you should know that we usually set attendance records in Philadelphia—just saying! Convention Co-Chair Mike Flahive and I met with the Convention Program Committee in September, and several innovative ideas emerged. Many of our colleagues are connecting with the notion that we are all leaders of some sort—every day, in ways big and small. We lead our students in their educational progress. We lead our clients or patients through evaluations and interventions. We lead workgroups. These are the kinds of everyday leadership that we all do. Sometimes, we may even be fortuitous or serendipitous leaders, having a direction-changing influence on someone’s life without even knowing it or planning to do so. This notion has found its way into the 2016 ASHA Convention theme: Everyday Leadership…Leadership Every Day.

The call for papers runs from January 28 through April 12, 2016. Given our professions’ emphasis on evidence-based practice and the importance of outcome measures for value-based strategic positioning, we are more reliant than ever on our basic science and clinical research partners for information needed to sustain our professions during impending uncertainty in health care delivery. For this reason, we will continue to have research infused into every one of the 24 topic areas for this year’s Convention. Particularly novel and noteworthy—Audiology topic chairs are uniting to develop “mini-series” presentations of specific topics (e.g., wideband acoustic immittance, tinnitus and misophonia, hearing loss prevention in recreational noise exposure) that include scientific foundations and evidence, clinical implications for pediatrics, and clinical implications for adults. Each presentation is meant to be a stand-alone session so that attendees may choose to sample one session or enjoy the depth and breadth of sitting in on an entire series.

Hearing and Balance Science has been reconfigured for 2016, and clinical audiology topics have been reorganized into pediatric and adult interests to span all relevant screening, assessment, and intervention activities germane to each age group, resulting in broad and powerful audiology content areas. We anticipate that this core of audiology topic areas will lead to unprecedented collaborations with several interdisciplinary topics—most notably, auditory/central auditory processing, telepractice, interprofessional practice and education, and traumatic brain injury. Presentation formats include 3-hour short courses, 1- and 2-hour presentations, 30-minute technical sessions (clinical or research), poster sessions, and twilight sessions. We want to know what you have learned in your journey of everyday leadership, so submit a proposal or contact one of your 2016 topic chairs:

- **Patrick Feeney** – Hearing and Balance Science
- **Marc Fagelson and Sherri Smith** – Hearing, Balance, Tinnitus – Assessment and Intervention: Adults
- **Sharon Sandridge and Craig Newman** – Hearing, Balance, Tinnitus – Assessment and Intervention: Pediatrics
- **Kim Tillery** – Auditory/Central Auditory Processing
- **Nancy Lewis** – Interprofessional Education and Practice
- **Melissa Jakubowitz** – Telepractice
- **Bess Sirmont-Taylor** – Traumatic Brain Injury
- **Mary Casper and Anita Vereb** – Business Management, Ethical and Professional Issues
- **Amanda Stead and Jim Naas** – Academic and Clinical Education
- **Nate Cornish** – Cultural and Linguistic Issues
- **Brenda Louw and Gina Tillard** – Global Issues and Practices
AUDIOLOGY 2016: Collaborative Strategies for Students With Hearing Loss

October 5 – 17, 2016

Learn from experts—without leaving home!

Audiology 2016 provides practical, outcomes-driven strategies to improve access to education for students with hearing loss. Enhance your understanding of collaborative school-based service delivery approaches, cutting-edge technology, literacy development, counseling for self-advocacy, and the ever-changing legal and regulatory landscape of today’s educational system.

- Earn while you learn—get comprehensive information and new strategies, and earn up to 3.0 ASHA continuing education units (CEUs).
- Gain easy access to 15 prerecorded sessions any time while the conference is in session.
- Participate in live-chat sessions with distinguished faculty presenters to earn additional CEUs.
- Network with colleagues around the world using the chats or discussion forums.

For more information, visit http://on.asha.org/kids-hearing.

Speaker bios and disclosures are available at http://on.asha.org/kids-hearing.

Estimated maximum CEUs: 3.0 ASHA CEUs (30 professional development hours), depending on how many activities you choose to complete.

Audiology 2015: Quality Outcomes for Cochlear Implants

Available On Demand!

Did you miss the Audiology 2015 online conference titled “Quality Outcomes for Cochlear Implants”? Not to worry! By attending the on-demand conference online, you can still earn ASHA CEUs for this conference while getting the latest information on cochlear implant technology and treatment practices.

The presentations from this conference have been compiled into three topic-focused courses. Choose our “Best Buy” option to get all three presentations from the original conference for one low price.

Visit http://on.asha.org/audiology15 to order.