

THE HEARING PROFESSIONAL



Volume 60 No 2 • April-May-June 2011

Your *New* IHS

Supporting Members
Protecting the Profession
Promoting Healthy Hearing

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Gaining a stronger understanding, and appreciation, for the skills and professionalism that comes with being a hearing healthcare professional was the motivation behind the IHS staff's recent field trip to the Northville Hearing Center in Northville, Michigan; a practice owned by long-time member Lin McNair, BC-HIS, ACA.

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The legislative session in Virginia proved to be a busy one this year as the Virginia Society of Hearing Aid Specialists (VSHAS) worked to defeat a bill that would have placed hearing aid purchasers at risk. Specifically, HB 1559 sought to allow licensed audiologists to be exempt from taking the hearing aid specialist licensing exam...

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The International Instrument Dispensers Licensing Exam (ILE) for Hearing Aid Specialists is currently used to measure candidate competency and is required to enter the field of hearing aid dispensing in 38 states and 4 Canadian provinces. On average between 800 and 1,000 exams are administered annually. Later this year, IHS will introduce an updated, computer-based test (CBT) to replace the current exam.

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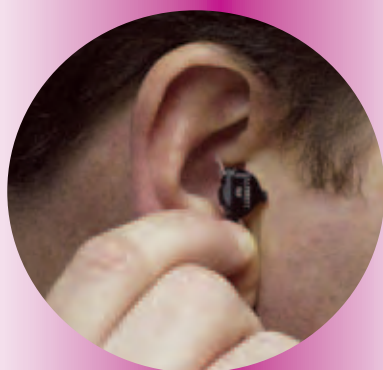
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President's message

Alan L. Lowell, BC-HIS, ACA

Your New IHS is here!

It is hard to believe we have almost made our way through the first half of 2011 and that before you know it we will be seeing each other at convention. I am pleased to report that the first few months of my presidency have been extremely busy, exciting and productive – just look at your new magazine! The IHS staff and Board of Governors have been working tirelessly to reinvent your Society and I'm happy to tell you the New IHS is here!

Everything old is new again...including IHS

IHS Executive Director, Kathleen Mennillo artfully used this metaphor to describe the renewed life within IHS during the Hearing Industries Association (HIA) annual meeting in March. She used several “pop culture” examples of past products and trends that have recently made “bigger-than-ever” comebacks to drive home the message that although IHS has been around for 60 years, we have “comeback” stronger and more relevant than ever. Her lighthearted examples of shoes with wedge heels, flare jeans, and the legendary McRib sandwich from McDonalds caught the attention of the audience which was made up of industry leaders from manufacturing and our allied professional organizations including AAA, ADA, ASHA, HLAA and others.

The HIA meeting was extremely valuable for IHS and I want to personally thank HIA Executive Director, Carole Rogin for the invitation to participate. The format for the meeting allowed us to reintroduce IHS to key players in the industry and begin rebuilding relationships that will ultimately benefit the individuals we collectively aim to help. As the number of people with hearing loss continues to grow, the power of collaboration is vital and IHS will continue to embrace it.

As we move through the year, you will see IHS participate in more industry events such as Hearing on the Hill, HLAA's annual convention, IHS chapter meetings, ADA's annual convention, and more. Our increased presence and participation will further demonstrate our importance in the industry and our willingness to collaborate. We will use the new-and-improved THP magazine to keep you informed about these important activities and their outcomes. Additionally, we recognize how quickly things change and issues arise within our industry and therefore we have also introduced the IHS SoundBoard; the new E-newsletter for IHS members. We will use both of these communication platforms to bring you more timely news and information as well as useful tools and resources to support your hearing healthcare career.

Later this year we will proudly celebrate our 60th anniversary as a Society. Throughout the years IHS has played an integral role in the hearing healthcare industry and now more than ever we need to make our presence as a leader visible once again. For those of us who have been around awhile, we have witnessed years of significant growth and years of decline but I feel confident in saying we are doing the necessary things to move us upwards once again. I am extremely proud to be your IHS President as we introduce “The New IHS” which will lead the profession into the next 60 years. Stay tuned, there are many more good things to come!

Alan L. Lowell, BC-HIS, ACA

Course List for 2011

education

The International Hearing Society encourages your participation in the following listing of approved courses for continuing education.

Date	City, State	Course Title	Education Provider	# of CE Credits	More Information
7/15-16/2011	Glendale, AZ	Summer Educational Conference	Hearing Healthcare Providers of Arizona	12	www.hhpaz.org
7/22-24/2011	Pine Mountain, GA	Alabama-Georgia Summer Convention	Georgia Society of Hearing Professionals & Alabama Society for Hearing Healthcare Providers	10	www.georgiasocietyofhearingprofessionals.com
8/4-6/2011	Asheville, NC	2011 Mid Atlantic Hearing Care Conference	North Carolina Association of Hearing Care Professionals and South Carolina Hearing Aid Society	12	www.ncahcp.net
Various	Various	Bridging the Gap: Hearing Aids and Implatable Technology - A Continuum of Care	Cochlear Americas	2	www.cochlear.com
Various	Various	A New Generation of Unitron	Unitron	4	www.unitron.com/ustraining
Various	Various	Pediatrics: Thinking Outside the Box	Oticon	3 or 4	www.oticonusa.com
Various	Various	Intro to Baha®: What Professionals Need to Know	Cochlear Americas	2	www.cochlear.com





from the Executive Director

Kathleen Mennillo, MBA

... IHS is embracing purposeful change and challenges.

Dear Members –

How are you? Have you been able to cope with the cantankerous weather of 2011 which included a tsunami, tornados, droughts and floods? Well, I certainly hope this new issue of *THP* finds you in the best of health and happiness.

As reported earlier this year IHS is embracing purposeful change and challenges. One of these projects is the transformation of *THP*. Much thought and research was taken in developing what we hope you perceive as a more professional, up-to-date, and must-have publication. The appearance changes are observable, but it is the content and tone of *THP* that has truly been modernized. Please read through this issue and let me know your thoughts. Our goal is to make *THP* relevant to *you*!

In my attempt to (1) learn more about the needs of our members and (2) re-position the value of IHS in the marketplace, I have been on the road the past few weeks. First was a whirlwind trip to Washington DC with a joint IHS – NBC-HIS leadership team. I am proud to say that we had the strongest presence at Hearing on the Hill in Washington DC compared to the other associations. Please read, “IHS Participates in Hearing on the Hill” on page 12 for the full story. While in DC, I also met with the leadership of AAO-HNS and HLAA. I am pleased to share with you that we have strong relationships with these groups that I will continue to nurture, always seeking benefits for our profession.

Following a productive week in DC, I spent two days in Minneapolis meeting with the presidents and vice-presidents of five key hearing aid manufacturers/service providers. Each meeting presented different challenges and all ended with great promise for future collaboration and support. It was apparent that each leader I met with had been waiting for IHS to reach out to them because they had critical input to share with me and openly asked for continuous communication moving forward.

Rounding out two straight weeks on the road I attended the Mid-America Conference on Hearing supported by IHS state chapters of Indiana, Kentucky, Michigan and Ohio. I had the pleasure to meet with the chapter presidents and executive directors. I heard their concerns and answered numerous questions, but best of all I was astounded with the numerous ideas of partnership brought forward to me by these leaders. I continue to be overwhelmingly impressed with the ingenuity and dedication of our membership.

So what's next? I am headed to Texas to attend the Texas Hearing Aid Association's Annual Conference where I will address the attendees along with the new IHS Southwest Governor, Antonio Calderon, M.D., BC-HIS. I look forward to another positive experience and sharing the details with you in the July-August-September issue!

Thanks for making this profession what it is!

Cordially,

Kathleen Mennillo, MBA

IHS staff takes a valuable field trip to a hearing aid specialist's office



skills and professionalism

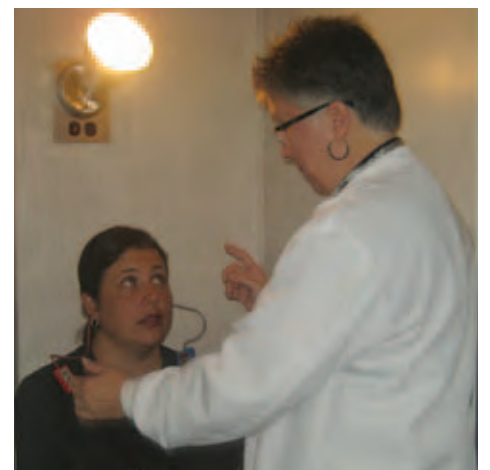
"I am really happy we took the time to go through this exercise. It was helpful for every one of us to get a better idea of what our members do," said Kathleen Mennillo, IHS Executive Director.

Gaining a stronger understanding, and appreciation, for the skills and professionalism that comes with being a hearing healthcare professional was the motivation behind the IHS staff's recent field trip to the Northville Hearing Center in Northville, Michigan; a practice owned by long-time member Lin McNair, BC-HIS, ACA. "I was happy to have the team visit my practice and go through some of the same tests and procedures my patients/clients do," said McNair. "I think it really demonstrates the team's commitment to the members."

First the team was given a tour of the office starting in the workroom where McNair often performs routine maintenance and repairs on her clients' hearing aids. She explained the significance of this service because when a device needs to be sent out for service it leaves the patient without their hearing aid for an extended period of time which could have negative effects on their personal and/or professional life. "I know how important it is for a patient to have an optimally performing device.

Sometimes the hearing aid simply needs a good cleaning and a new battery, while other times the repair is more significant, either way I want them to know I am here to help."

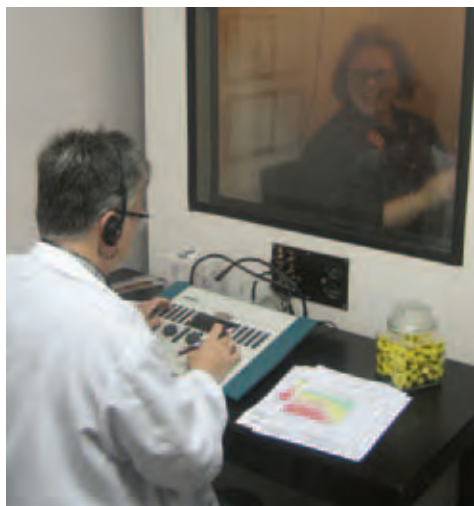
From there, the team made its way through the office to the testing area where they each had a chance to be the patient. They all went through the questionnaire and consent form that McNair reviews with every patient before beginning any testing. She explained to staff the importance of this interview with a patient because



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this is where a hearing aid specialist is trained to look for “red flags” indicating a more serious health problem and will refer a patient to a medical doctor for further testing and evaluation. If no “red flags” are detected she proceeds with the diagnostic testing.

The team took turns as McNair used her video otoscopy to look in their ears. “It was really interesting to see how each of our ears looked so different,” explained Marlene Deuby, IHS continuing education specialist. “On



some of us you could clearly see the tiny hairs inside the ear while others were harder to see.” Once everyone had a chance to see inside their ear, McNair

demonstrated the audiometric test by putting a few of the team members in the sound booth and actually testing their hearing. “I was surprised with my results” said Dedra Simmons, IHS administrative assistant and consumer affairs specialist. “After the time I spent in the military, I really expected I would have a hearing loss but I was happy to learn I was not at a point where I would need a hearing aid.” Simmons did get a chance to try out a small hearing device that is made specifically for people with minimal loss. “It was amazing how clear everything was when I was wearing the device. It was a great demonstration of how powerful these instruments can be.”

Lastly, one staff member agreed to be the “guinea pig” for the group and let McNair demonstrate the process of taking an impression of the ear which would be used for a customized hearing aid fitting. Once the impression was

complete, McNair finished up the tour by showing off the rest of the office including the area she has setup for her battery recycling program and her recently acquired additional office space which she uses to hold educational seminars for her patients/clients. The team then packed up and headed back to the IHS office.

“I am really happy we took the time to go through this exercise. It was helpful for every one of us to get a better idea of what our members do,” said Kathleen Mennillo, IHS Executive Director. I am thankful to Lin for her hospitality and for spending so much time educating our team on what she does to help her patients find solutions to their hearing loss. We experienced the extremely important role our members play in the hearing health of individuals with hearing loss and we are honored to be part of this profession.” ■



The Virginia Society of Hearing Aid Specialists rally together to claim victory and protect consumers

*Written by Teresa M. Robinson,
MS, BC-HIS, ACA*

government affairs

This bill was a scaled-back version of a bill filed in 2010 to exempt audiologists from being required to be dually-licensed as both an audiologist and hearing aid dispenser in order to dispense hearing aids.



The legislative session in Virginia proved to be a busy one this year as the Virginia Society of Hearing Aid Specialists (VSHAS) worked to defeat a bill that would have placed hearing aid purchasers at risk. Specifically, HB 1559 sought to allow licensed audiologists to be exempt from taking the hearing aid specialist licensing exam. The Virginia state exam for hearing aid dispensing consists of the written portion of the International Licensing Examination (ILE), a section on Virginia rules and regulations, and a practical portion which consists of audiometric testing, otoscopic examination, ear impressions, maintenance, and troubleshooting hearing aids, though licensed audiologists are exempt from taking the audiometric portion of the examination. This bill was a scaled-back version of a bill filed in 2010 to exempt audiologists from being required to be dually-licensed as both an audiologist and hearing aid dispenser in order to dispense hearing aids.

Upon learning of the bill's introduction, the VSHAS quickly organized its members and lobbyist to oppose the bill. At the first committee hearing, the audiologists supporting the bill testified that due to the extensive training the audiologists receive in one of the state AuD degree programs, there is no need for them to take the hearing aid specialist examination, and provided a copy of the curriculum as supporting documentation. Referencing the examination exemption for Board Certified and Board Certified-eligible otolaryngologists, the audiologists inferred that their education was equal and therefore should also be exempt.

On the other side, opponents of the bill, including a few audiologists, argued that an audiology education alone does not prepare someone to practice in a "specialty area," and that licensure is designed to protect consumers. As an examiner for the licensing board, I even gave specific examples about

seeing many audiologists fail the exam. Furthermore, in the state of Virginia, hearing aid dispensing was not required in the audiology curriculum until 1993, which means there are still several practicing audiologists that have little or no hearing aid training. Having attended graduate school in audiology from 1997-1998, I can attest that the curriculum is a broad-based education, and any specialty training is acquired after graduation based on the student's interest or choice of employment.

Once all the testimony was completed, the proponents recognized that this broad exemption was unlikely to pass and as a result had the bill amended to exempt only those audiologists with

a doctorate degree. Unfortunately, this exemption would have enabled audiologists who attained their PhDs prior to 1993 to dispense hearing aids even without specific hearing aid training. Though the amended bill passed the House, we were ultimately able to defeat the bill in the Senate committee, which voted to PBI (pass by indefinitely) the bill and send a letter to the licensing boards to have them review this information.

Ultimately, the defeat of HB 1559 was a win for Virginia consumers. The action by the Legislature affirmed our position that licensure is designed to protect consumers, not benefit the licensees. ■

Teresa M. Robinson, MS, BC-HIS, ACA, is Vice President and Treasurer for the Virginia Society of Hearing Aid Specialists, Chairman of the Board for the Virginia Society of Hearing Aid Specialists, and Managing Director of Commonwealth Hearing Center, LLC, in Virginia.

60th

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IHS Participates in Hearing on the Hill



On May 11, 2011, IHS representatives spent the day on Capitol Hill in Washington, DC, as part of Hearing Industries Association's bi-annual Hearing on the Hill event. This event brings together hearing health providers, consumer organizations, and industry leaders in support of the federal Hearing Aid Tax Credit legislation. With the start of a new Congress – the 112th (2011-2012) – the day served two functions including raising awareness about hearing loss and the use of hearing aids as a solution, and soliciting early support for the reintroduced bills, H.R. 1479 and S. 905.

IHS participated in full-force with a strong group including President-Elect Thomas Higgins, BC-HIS, ACA; Central East Coast Governor Patrick Kochanowski, BC-HIS, ACA; IHS

member and NBC-HIS Board Chair Dale Thorstad, BC-HIS; IHS Executive Director Kathleen Mennillo, MBA; and IHS Government Affairs Manager Alissa Parady.



ADA, IHS, and NBC-HIS representatives meet with Senator Carl Levin's (D-MI) staff

government affairs

This event brings together hearing health providers, consumer organizations, and industry leaders in support of the federal Hearing Aid Tax Credit legislation.



AAA and IHS Presidents-Elect, Therese Walden, AuD, and Tom Higgins, BC-HIS, ACA, at the Congressional Reception

Over the course of the day, the IHS team visited ten Congressional offices, sometimes jointly with other groups, including Academy of Doctors of Audiology (ADA) representatives, Hearing Industries Association (HIA) members, and Hearing Loss Association of America (HLAA) staff. They began the day on the House side, meeting with the offices of Rep. Scott Garrett (R-NJ), Rep. Jason Altmire (D-PA), Rep. Keith Ellison (D-MN), Rep. Thaddeus McCotter (R-MI), and Rep. Frank Pallone, Jr. (D-NJ). In the afternoon, the team moved over to the



Congressman Jason Altmire (D-PA) agrees to co-sponsor H.R.1479 during a meeting with Patrick and Cheryl Kochanowski, Alissa Parady, and Dale Thorstad



Dale Thorstad, Senator Tom Harkin (D-IA), Tom Higgins, Kathleen Mennillo, and Patrick Kochanowski at the Congressional Reception

Senate side to meet with the offices of Sen. Amy Klobacher (D-MN), Sen. Bob Casey (D-PA), Sen. Carl Levin (D-MI), Sen. Patrick Toomey (D-PA), and Sen. Frank Lautenberg (D-NJ). While they largely met with key staff, they had the opportunity to meet with two Members of Congress personally – Senator Klobuchar and Representative Altmire. An original co-sponsor of S.905, Senator Klobuchar met with the group to reiterate her support for the bill and accept their expressions of gratitude. Representative Altmire, a past co-sponsor but not yet in the 112th, agreed to co-sponsor the bill again this year as a result of meeting with IHS representatives.

The day concluded with a Congressional Reception that featured hearing screenings and comments from the bills' sponsors. Representative Carolyn McCarthy (D-NY) spoke of her experience with hearing loss, and Representative Tom Latham (R-IA) thanked all those who participated in the day, working to secure additional co-sponsors. IHS representatives also enjoyed the opportunity to meet Senator Tom Harkin (D-IA), sponsor of the Senate bill. During the reception, Patrick Kochanowski and American Academy of Audiology President-Elect

Therese Walden, AuD, took turns administering hearing screenings for about 20 attendees.

IHS will continue its work to support the Hearing Aid Tax Credit bills through member calls to action, Congressional meetings, and grassroots events held in targeted Congressional districts. In fact, in early May, Alissa Parady attended a plaque presentation for Senator Debbie Stabenow (D-MI), a past co-sponsor and champion of the Hearing Aid Tax Credit bill. The plaque was presented by AG Bell, American Speech-Language-Hearing Association (ASHA), HIA, HLAA, and IHS representatives as a follow-up to a district event held in August 2010. ■



Kathleen Mennillo and Congresswoman Carolyn McCarthy (D-NY) at the Congressional Reception

Joint Leadership Meeting

Capitalizing on their close proximity to the headquarters of the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) while in DC, Tom Higgins, Kathleen Mennillo, and Alissa Parady met with Executive Vice President and CEO David Nielsen, MD, and other key staff for the AAO-HNS/IHS Joint Leadership Meeting on May 10. These meetings, held biannually, enable the two organizations to discuss issues of shared interest and identify opportunities for collaboration. Among other items, the group discussed internet hearing aid sales, the consolidation of state licensing boards, the federal hearing aid tax credit and audiology direct access bills, and state sales taxes on hearing aids. The groups look forward to engaging on several new issues in 2011, and revamping the AAO-HNS/IHS State Liaison program.



Kathleen Mennillo, AAO-HNS EVP and CEO David Nielsen, MD, Alissa Parady, and Tom Higgins outside the AAO-HNS Headquarters in Alexandria, VA

The FTC Red Flags Rule

Protecting your Patients and Your Practice



*Written by Scott George,
BS, BC-HIS*

government affairs

As a hearing instrument specialist and business owner, I have taken great interest in recent updates surrounding the Federal Trade Commission's (FTC) implementation of the Red Flags Rule regarding identity theft. Namely, on December 18, 2010, the "Red Flags Program Clarification Act" was signed into law defining the type of "creditor" that must comply with the FTC Red Flags Rule. This new law was aimed at resolving the objections put forward by a coalition of 28 health care associations, including the American Medical Association, American Dental Association, and American Speech-Language Hearing Association, which argued that the FTC rule was too-broadly applied. As a result, while some practices may still be forced to comply, in general the Red Flags Rule likely will not apply to most hearing instrument specialists. That said, IHS strongly advises its members to check with their legal counsel before declaring themselves exempt because violations of the law could result

in legal action and severe penalties against the hearing instrument specialist.

Background

In November 2007, the FTC issued a set of regulations known as the "Red Flag Rules," requiring certain "creditors" to develop and implement written identity theft protection and detection programs. Initially, the FTC was very broad in their definition of "creditor," including those sending a bill for services rendered or accepting any type of installment plan including a deposit, partial payment, or payoff of a balance at the time of delivery. It also included anyone arranging for third-party credit and accepting assignment of insurance benefits even when the patient is ultimately responsible for payment.

Despite the original efforts of the FTC to apply the Red Flags Rule to nearly all businesses, it was challenged by several coalitions. These groups were formed specifically to express their concerns that the FTC went far beyond what Congress had intended when the Rule was introduced. As a result of these objections, it was reviewed and the new law was passed. Pleased

with the outcome of the revised law, the opposing groups withdrew their objections and the Red Flags Rule went into effect on December 31, 2010.

Who is required to comply with the FTC Red Flags Rule?

Although there is still some uncertainty about who must comply with the Rule, the new law does more specifically define "creditors" as those who "regularly and in the ordinary course of business":

- (i) obtain or use consumer reports, directly or indirectly, in connection with a credit transaction;
- (ii) furnish information to consumer reporting agencies, in connection with a credit transaction; or
- (iii) advance funds to, or on behalf of, a person based on an obligation of the person to repay the funds or is repayable from specific property pledged by, or on behalf of, the person.

Based on the categories outlined above, the practice of taking credit cards, accepting insurance, sending

billing statements, accepting down payments with balances due at delivery and even the occasional need to turn a customer over to a collection agency does not necessarily classify someone as a “creditor.” These basic guidelines suggest that in many instances the Red Flags Rule does not apply to hearing instrument specialists; however, the only way to fully protect yourself is to confirm your status with your attorney before considering yourself exempt.

What is the difference between FDA Red Flags, HIPAA, and the FTC Red Flags Rule?

Although all three of these are in place to protect the consumer and can easily be confused with one another, there are important differences between them. The Food and Drug Administration’s “Red Flags” are what hearing instrument specialists have used for years to prompt patient referrals to physicians when a more serious medical condition may be present. The Health Insurance Portability and Accountability Act (HIPAA) is intended to protect an individuals’ identifiable health records for security and privacy reasons. The FTC Red Flags Rule, as outlined above, strives to protect consumers from identity theft. In addition to Personal Health Information (PHI), the Rule covers other sensitive information, including credit card, social security, and insurance information. As a healthcare provider it is very important to understand and appropriately comply with all three.

What is a “Red Flag”?

A Red Flag, as defined by the FTC, is a pattern, practice, or account activity that indicates the possibility of identity

theft. The FTC indicates red flags as:

- Alerts, notifications, or warnings from consumer reporting agencies
- Suspicious documents that appear altered or do not match the individual
- Suspicious personal information, e.g. claiming to be someone known to staff, or an unrecognized person refusing to provide proof of identity
- Unusual or suspicious account activity, e.g. repeated undeliverable mail, credit card or insurance information not matching, or treatment not consistent with prior history
- Notices of possible identify theft from patients or law enforcement authorities

The Rule requires “creditors” to have reasonable policies and procedures in place to identify and respond to these identity theft red flags. This also means training all office staff on how to identify red flags and respond to them, and to whom they should report all incidents. Possible practice responses may include notifying legal authorities and perhaps even refusing service to

those individuals unwilling/unable to properly identify themselves. You are ultimately responsible for creating the policy that works best for your practice. Whether you are exempt from the Rule or not, it is always good to have policies in place to protect your customers.

The FTC has helpful reference tools at www.ftc.gov/redflagsrule. You may also want to read the IHS brief “Is Your Practice Compliant with the Federal Trade Commission Red Flags Rule?” at www.ihsinfo.org/advocacy. ■

Scott George, BS, BC-HIS, is President and CEO of Mid-America Hearing Center, Mt. Vernon, MO. Educated at Missouri Science & Technology at Rolla with a degree in Computer Science, he is a past-chair of the Missouri licensing board, a past-President of the Missouri Hearing Society, and a past-Governor of IHS. Scott has worked on hearing health care regulatory issues at the state and federal level for over 17 years.

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Strength in Numbers:

State legislative sessions are underway and IHS members are using new resources to make an impact



government affairs

In 2011, legislatures from all 50 states will convene in regular sessions to conduct business on a variety of topics including budgeting and health care. Many of these sessions have already adjourned and the rest are scheduled for later in the year. In the meantime, the International Hearing Society has been busy “ramping up” its government affairs activities by diligently reviewing hundreds of bills to determine their impact on hearing aid delivery and accessibility. As a result, we have been able to work with the local chapters to identify and advocate on the bills of critical importance.

Already this year several IHS state chapters have had victories as a result of these collaborative efforts including the New Hampshire Association of Hearing Aid Dispensers who defeated a bill requiring a surety bond as a condition of licensure, and the Virginia Society of Hearing Aid

Specialists who defeated a bill that sought to exempt audiologists from the examination requirement for hearing aid specialist licensure. (See page 10, to read the full article on the Virginia general assembly victory.) Currently we are working with many other states on legislation affecting the practice of fitting, dispensing, and selling hearing aids including bills specifically related to insurance coverage, Audioprosthologist (ACA) title usage, dual-licensure requirements for dispensing audiologists, and licensure renewal requirements, to name a few.

Empowering You to Be More Informed and Involved

With the adoption of a new legislative tracking service, CQStateTrack, members can now view all the bills we are currently tracking, real-time on our website at www.ihsinfo.org/advocacy. This interactive report enables members to access the most current status on a particular bill including a summary of the bill, current bill text, history of the bill, and sponsor information.

This valuable information keeps members in the loop and empowers them to be active participants in advocating for the profession.

In addition to the CQStateTrack benefit, there have been several other steps taken to make it easier for

members to get involved in advocacy including the purchase of StateConnect. Members can use StateConnect to create customized state legislator lists to send letters, emails, and faxes on key bills within their state. Lists can be customized based on party, chamber, committee membership, and more. Both CQStateTrack and StateConnect are member-only benefits that can be accessed on the advocacy portion of the IHS web site. Also new on the IHS website you will find quick access to policy documents, issue briefs and several federal tools such as a dedicated web page for the Hearing Aid Tax Credit.

With these enhanced benefits, members can rest assured that IHS leadership and staff is dedicated to making sure their voice is heard at the state and federal level, on the legislative and regulatory side. To that end, IHS acknowledges, and appreciates the voluntary contributions to the IHS Advocacy Alliance fund which make all of these government affairs activities possible. These efforts are critical to preserving and promoting the profession so you can focus your energy on providing the best hearing healthcare to your patients. For more information on the resources identified in this article, or to make a donation to the IHS Advocacy Alliance fund today visit www.ihsinfo.org/advocacy or call 734-522-7200. ■

Computer security...

...is critical for any small business. Is your practice protected?

As a hearing healthcare professional and business owner, you have put your heart and soul into building a successful practice. You have a passion for helping people improve their quality of life by helping them address their hearing loss, and your business is very gratifying.

While you go to great lengths to provide the best hearing healthcare possible for your clients, it is equally important that you exercise the same due diligence when it comes to operating your business. Regardless if you own and operate one or multiple offices, keeping your data secure plays a crucial role in your long-term success. No matter how good you are at testing hearing and helping your customers get fitted with the right hearing aid, if you are not protecting your computer systems you are putting your customers, your reputation, and ultimately your entire business at risk.

When IHS Executive Director Kathleen Mennillo contacted Personal Tek she was looking to enhance the efficiency and security of their systems. "Security was one of my top priorities when I became executive director," said Kathleen. "We maintain thou-

sands of member and customer records and keeping them secure and accurate is crucial. It's a good feeling to know that we are prepared and protected against any disaster. Our members and customers can rest assured that their information is safe and confidential."

Small business owners often underestimate how vulnerable they are to data security threats. Listed below are some fundamental security practices that all business owners should have in place to keep their business secure. Most of these policies and procedures are easy to implement and do not require a significant financial investment.

Getting Started

As you know from the recent devastation in Japan, disasters happen all the time without warning and as a business owner you must be prepared. Start by asking yourself, if a disaster strikes your business today would you survive?

It is likely you have taken the necessary steps to ensure you have a robust insurance policy to cover any damages to your property but what about your data? Particularly for a small business,

*Written by Eric Connelly, Owner,
Personal Tek Consulting*

practice management

As you know from the recent devastation in Japan, disasters happen all the time without warning and as a business owner you must be prepared. Start by asking yourself, if a disaster strikes your business today would you survive?

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security cont'd.

losing valuable customer information could be devastating to your livelihood. A disaster recovery plan does not have to be complicated but should include a daily remote data backup, a physical backup at least every 14 days, and a detailed policy for backing up server and user configurations. These precautions will not only save your company thousands of dollars but can significantly reduce your “down time” if a disaster does occur.

Strong Password Policies

Recent studies suggest that 20% of the general public use passwords that can be compromised within minutes. Thieves are extremely clever and are constantly coming up with ways to capture passwords and gain access to your systems. They know that most people rely on a few familiar passwords and that once a password is captured it can often be used to access multiple applications and secure accounts. There are even phishing websites and bogus emails that have been created to capture personal data including usernames, passwords, and other confidential information.

Enforcing a strong password policy can greatly reduce the risk of data theft. This includes setting the server

to require a user name and password every time a user logs in to the network. A good password policy also requires users to select a password containing at least 14 characters. Although this is longer than the typical password, it does not mean it has to be hard to remember. I usually encourage users to create phrases that are easy for them to remember but would be difficult for someone else to “guess”. For example, I recently did some work for a collection agency and one of the passwords I suggested for them was “whereismymoney” – easy to remember but hard for an outsider to “crack”.

Secure Email

As a healthcare practitioner you are responsible for keeping patient/client information private and secure and email can make you especially vulnerable if you are not using a secure email system. If you communicate with insurance companies or vendors that require a customer’s driver’s license number, social security number, credit card information, or any health information, then secure email is a must. It is important to protect your email from being intercepted through encryption. Without encryption, private information can easily be stolen allowing confidential information to land in the hands of the wrong people.

In addition to the risk of stolen information, without email encryption you and your staff are at risk to receive emails that carry viruses. If an email carrying a virus is mistakenly opened, your entire network may become infected and data becomes susceptible to loss or theft. It is also very likely that without secure email you are receiving more junk mail than necessary. At first it may seem like a nuisance but in large numbers spam can reduce the efficiency of your network and bog down your email.

Intrusion Prevention System

Most business owners believe that if they have an anti-virus program installed then they are safe from intrusion. While it is important to have, the reality is that no matter how good the anti-virus program is, hackers who write viruses are often one step ahead. An Intrusion Prevention System (IPS) is your best protection against the possibility of your computer network being compromised. These systems are able to analyze information as it comes in from the Internet or external data source and stop attacks before they even make it to your desktop or server. They are designed to automatically perform updates and are your best defense against Internet-based attacks.

You can assume that if your computer is connected to the Internet, it is constantly under attack and could be severely compromised if not properly protected. The actual number of attempted attacks varies depending on the speed of your Internet connection.

For example most of my customers with a Digital Subscriber Line (DSL) connection average approximately four hundred attempted attacks on their systems per week however since we have set up proper security measures, these attempts are unsuccessful.

Physically Securing your Network

The importance of protecting your computer systems against physical threats is often overlooked. Equally as important as email security and intrusion protection, you must also protect your equipment from being accessed by any unauthorized personnel. This is particularly important when you consider the responsibility a healthcare provider has to keeping personal data private under the current HIPAA laws. These laws are in place to protect an individual's personal information and they state that "reasonable measures should be taken to protect this private information." In Michigan, and many other states, there are specific identity theft laws which also require you to notify all customers if any possible data theft has occurred. Failure to comply with these laws could result in significant fines.

Reducing the risk of physical threats can be as simple as keeping server/networking equipment located in a locked, climate-controlled space and limiting the number of personnel who can physically access it. If however your hardware is stolen or compromised by an unauthorized user, data encryption is your best defense against data being easily recorded and transmitted outside the network.

Ultimately, with data encryption your liability diminishes, your customers' personal information is protected and you avoid the risk of losing their trust – and likely their business.

Getting Started

As you can see, protecting your computer systems is essential to your business. There is no single solution to data protection and computer privacy but there are many fundamental resources available to get you started. It is a combination of hardware, software and good data security policies. I have seen many cases where a company fell victim to a computer security breach that could have been avoided with some very basic security measures. As computer systems expand and ease of accessibility expands, more opportunities for security issues can arise. As a business owner and healthcare professional you have too much at stake to risk your security.

I encourage owners to begin with evaluating their current policies, security measures and areas that may be at risk. When I am brought in to a company I also ask them to identify what types of information is stored on the network and what type of data do they transmit over the internet. This initial analysis will help prioritize where to begin and how extensive the security needs to be.

It is extremely important that you do the appropriate research to fully understand what is available and will best fit your needs. Small business owners can take advantage of the extensive amount of information pertaining to data security available on the Internet. I would also recommend hiring an IT expert to help evaluate and implement the solutions that best fit your business needs. Do not let all your hard work and professional accomplishments be compromised – protect your business today! ■

Eric Connelly is the owner of Personal Tek (www.personaltek.net), an information technology consulting company specializing in data and business security in South Lyon, Michigan. He has over 20 years experience in the information technology field. He enjoys helping business owners customize plans to secure their important business data. Eric is a member of the Board of Directors of the South Lyon Area (Michigan) Chamber of Commerce. Eric can be reached by email at Eric@personaltek.net or by phone at 248-345-3009.

Marketing your Hearing Healthcare Practice

practice management

It is ok to brag about yourself but it's even better to let others do it for you!



When it comes to promoting your practice chances are the marketing techniques you've relied on in the past to reach new customers are no longer the most effective. Today's consumer typically relies on multiple sources to select service providers, including healthcare providers. There are countless studies that support the importance of having a website and that provide data about marketing to baby boomers – a primary target for future customers.

There are many things to consider when building your marketing plan however the most important thing to remember is that there is no single-solution to your marketing needs and that every customer is different. Your best opportunity to be successful is to try multiple marketing mediums and to find ways to set yourself apart from the competition.

Consider trying some of these simple business-building best-practices – some can even be implemented immediately!

Market yourself not just your practice

Just like any profession – healthcare related or not – consumers look for something to set you apart from all the others. Particularly within the healthcare industry consumers want to know that the provider they choose is qualified and can provide the best care possible. Here are some suggestions on how you can demonstrate your qualifications and skills.

Show Your Credentials and Affiliations

Make sure all of your advertisements, brochures, website, and any other marketing collateral includes all of your professional credentials such as BC-HIS if you are a Board Certified Hearing Instrument Specialist and ACA if you have completed the American Conference of Audioprosthology program. You can also show off your affiliation with professional organizations like IHS by including the “Proud Member of IHS” logo. These small additions to your business tools will let potential customers know you are committed to your education and training and you take their hearing health seriously.

Share good testimony

It is ok to brag about yourself but it's even better to let others do it for you! Include customer testimonials on your ads and your website. It is human nature for people to trust what they hear from their peers and including patient testimonials may put potential customers at ease about your services. It also shows you provide excellent care at your practice.

Community Outreach and Awareness Goes a Long Way

As a hearing care professional you already know the negative image associated with hearing aids - but what are you doing to change it? By reaching out into the community not only will you be helping improve the image by educating the consumer on how they can improve their quality of life but you will likely prosper from your good work as well.

Public Relations

Write an article for your local community paper about the devastating affects hearing loss can have on an individual and their family. Start by contacting the paper's health editor and “pitching” your idea. Their role is to provide sound editorial content – free of commercialism – to their readers and they are often looking for good stories to publish. These opportunities are sometimes more difficult to come by but can be very effective in getting your name in front of many potential customers – while you are promoting healthy hearing.

Hit the road with your message

Build relationships with local senior centers and nursing care facilities and offer to host a resident or family educational seminar. These facilities are always looking for resources to offer to their residents and their families and by offering your services you may be simplifying their job – and helping a lot of people. You could offer hearing screenings, repair services, battery replacement or simply be available to answer questions and talk about the benefits of amplification.

Invite them to come learn over lunch

The open house concept has been around for a long time and many professionals find it very beneficial. IHS member Lin McNair, BC-HIS, ACA and owner of Northville Hearing Center in Northville, Michigan has added a twist to the open house concept by holding lunch and learn programs a couple times a year at her practice. She invites one of her local manufacturing representatives to come in and speak on a specific topic. Sometimes the topic is specifically related to a new product demonstration and is geared toward her current customers and other topics include general education about the benefits of addressing your hearing loss. During these events McNair never performs a single hearing test – but always ends up scheduling future appointments. “There are so many people that will not come in for a hearing test because they fear the result,” explains McNair. “With the lunch and learn approach they are not afraid because there is no test to ‘pass or fail’. In some cases the speaker brings sample products for attendees to look at and try on, which is sometimes all it takes for someone to realize what they are missing. It has been a rewarding program and has helped actual patients deal with their hearing loss.”

McNair typically sends out flyers to her current customers and distributes them at a local senior independent housing facility. On average she has 20-25 people attend each session.

Make Customer Service a Priority

Send regular communications

This is ultimately what sets you apart from the competition. Your commitment

to your customers should be obvious in every touch point – including your marketing recruitment efforts. You can show customers you care while ensuring repeat business and referrals by creating some simple customer-focused programs.

Send reminders for follow up care

Customers have been receiving 6-month follow up cards from their dentist for years so why not follow this practice and begin sending out regular hearing health reminders? Although it may not be needed every 6 months, it is just as important for customers to keep their hearing aids working properly and to be sure their hearing loss hasn’t changed. Birthdays provide a perfect opportunity to send a warm wish – and a reminder to schedule an appointment.

Offer a loaner program

Once a customer finally decides to address their hearing loss, they come to rely on the amplification and the quality of life that accompanies better hearing. If a customer comes in with a repair you cannot fix and must leave their device to be sent out for repair, it may be devastating for them. By offering a temporary hearing aid, even if it is not as sophisticated as theirs, you have helped them maintain amplification and they will remember that extra step you took for them.

Provide a battery replacement program

Offer your customers a battery replacement program to ensure they are never without a working device. Set up a mailing program that sends out monthly – or less frequent – battery supplies directly to their home. This is a great way to keep their hearing aid running instead of sitting in a drawer

and it gives you a reason to be in touch with them regularly. You may also want to provide a battery recycling service as well.

Exhibit Professionalism in Your Office

One of the biggest mistakes a practice owner can make is allowing their office to become outdated and unprofessional. Regardless of how successfully you market your business, or how high the quality of care you provide is, if the office itself looks old and unprofessional, consumers may feel uneasy – particularly if they already have a negative feeling about having their hearing tested. Create a warm reception area where customers are greeted when they enter the office and provide a comfortable and clean waiting room for them, or their family members, to wait in. It is also good practice to display your license, educational certificates, degrees, certifications and member certificates and the IHS Code of Ethics in a high traffic area. This allows your customers to see you are a qualified professional that abides by a standard of excellence and they are in good hands. ■

IHS is committed to helping members run successful hearing healthcare practices and will continue including articles related to practice management in future issues of THP and SoundBoard. If you would like to submit an article for future practice management topics, contact Kara Nacarato at knacarato@ihsinfo.org or by calling 734.522.7200.

IHS Introduces a New Computer-based International Licensing Exam

education

This project – which brings along a significant time and financial investment – will have a profound impact on the future of the profession and the hearing impaired community we serve.



The International Instrument Dispensers Licensing Exam (ILE) for Hearing Aid Specialists is currently used to measure candidate competency and is required to enter the field of hearing aid dispensing in 38 states and 4 Canadian provinces. On average between 800 and 1,000 exams are administered annually. Later this year, IHS will introduce an updated, computer-based test (CBT) to replace the current exam. This project – which brings along a significant time and financial investment – will have a profound impact on the future of the profession and the hearing impaired community we serve.

Recognizing the need for an updated exam, in early 2010 IHS began researching exam services, standards, providers and formally made the decision to invest in a new exam. The new assessment being developed

utilizes dichotomous scoring, meaning the answer selections are either right or wrong. In addition to being the standard scoring method for competency exams, dichotomous scoring also has legal precedence that provides peace-of-mind for licensing bodies looking to validate professional competency.

“Creating an updated and legally defensible licensing exam is crucial to defending the skills and competency of hearing aid dispensing professionals,” says Kathleen Mennillo, IHS executive director. “In order to be the leading competency provider in hearing healthcare, and help bring more hearing aid specialists into the field quickly, investing in this project was critical and I’m pleased the board of governors supported the decision to do it.”

Facilitating the current written exam is time consuming and requires significant administrative support by both IHS and the licensing bodies. It is becoming more difficult for states to fund exam services and as a result more states are using sub-contractors. This creates another layer of complexity to the process. Several licensing boards have already transitioned to computer-based testing for some of their other professional licensing programs and are anxious for the ILE to be available this way.

Building the New Exam

After researching many service providers, Alpine Testing Solutions was selected to facilitate test development and psychometric analysis, and Kryterion was chosen for the computer-based test development

and delivery of the new ILE. Kryterion has a worldwide network of testing centers throughout the United States and Canada, making it simple for candidates to find a center near them. In October 2010, the ILE committee, a sub-committee of the International Institute for Hearing Instruments Studies, began formal work on the project.

Job-task Analysis

The first step was to create a new job-task analysis for the role of the Hearing Aid Specialist. A job-task survey was developed and administered via a web-based survey tool to more than 4,400 professionals including all IHS members and a select group of non-members. This step was critical to validating the usefulness and appropriateness of the exam. Participants were asked to rate a variety of job task objectives that describe the knowledge, skills and competencies expected of a hearing aid specialist. After receiving nearly 500 completed surveys, the results were analyzed and used to develop a new competency model and exam blueprint.

Item Development

At this point, the ILE committee members were tasked with item development. This process began with a two-day item writing workshop facilitated by Alpine Testing Solutions. The workshop included discussion about the test blueprint, cognitive complexity, item writing guidelines, and went through sample exercises where participants were presented with problematic items and asked to identify the psychometric issues and suggest alternative strategies for

testing the content. After completing the training the work was distributed between the committee members and during the next several months, they were tasked with writing the new exam questions, editing, and reviewing for congruence and accuracy.

Launching the New Exam

The team completed the item writing in May and is currently going through a series of congruence and accuracy reviews. Once the reviews are completed and the exam website is live, beta testing will begin. After 100 beta exams are completed, the results will be reviewed and analyzed by Alpine and the final exam form will be ready to launch.

Subsequently, IHS has begun contacting the licensing boards currently using the ILE to prepare them for the upcoming changes and solicit their valuable input. Over the next few months, IHS will work closely with these boards to develop a transition plan which includes participation in beta testing, amending current contracts and training them on the new exam format and processes.

“We value the relationships we have with so many state and provincial licensing boards,” explained Joy Nagy, IHS director of education. “This new exam format will make it much easier for licensing boards to administer the exam and should reduce their administrative time and costs considerably. These improvements weighed heavily on our decision to move forward with the ILE project this year.”

Currently, the process requires the state/province to set up a test site and secure a proctor for the exam. This

cumbersome process forces states/provinces to limit the number of exams offered per year, possibly causing a prepared candidate to have to wait several months to take the exam. In the new process, candidates can go to an approved test center on an individual basis once the licensing body approves the candidate. After completing the exam, the licensing body will receive the results within 48 hours – significantly reducing the current turnaround time. This will make it easier for more qualified professionals to enter the field more quickly. IHS also hopes these changes will encourage additional states to adopt the ILE – creating unity within the profession.

As the final stages of the project begin, IHS prepares to educate the industry on the benefits of the new exam. “The benefits that accompany the launch of the new ILE are newsworthy, particularly the overwhelming opportunity to increase the workforce,” says Mennillo. “We want to make the public aware of how competent and well prepared licensed hearing aid specialists are while also promoting the benefits of a career in hearing health.” ■

The new exam is scheduled to officially launch later this year and use of the current paper and pencil exam will phase out. Members can expect to see an update on the progress of the ILE in future issues of THP or SoundBoard throughout the remainder of the year. For more information contact Joy Nagy at 734.522.7200 or jnagy@ihsinfo.org

Stop Wrestling with your Clients: Three Successful Counseling Skills

As hearing healthcare professionals, we should be experts in communication. Unfortunately, we often struggle to communicate successfully with the people who need our help the most – the clients. Why is it so difficult to educate the client in a way that helps them accept their hearing loss and motivates them to work with their hearing provider to find a solution?

When a client resists our recommendations for amplification, it is easy to attribute the response to denial. But, before accepting this association, we need to be confident in our diligence to learn everything we can about the client's situation. It is quite common that a clinician will ask a few perfunctory questions regarding lifestyle, spending little time listening to the client's responses and a lot of time explaining the benefits of the latest technology. This is where the wrestling begins. The client withdraws while the professional tries to pull them out of their shell to consider the benefits of amplification. This is not an effective communication strategy and it will not illustrate to the client how amplification can improve their quality of life. The remainder of this article will explore three counseling skills that can be used at any time to obtain more useful information from clients, manage consultation time, and focus the direction of the conversation to help guide the client to recognize the importance of behavior change.

Denial has been described as a defense mechanism that is employed when a person is not ready to admit the existence of a problem (Shipley & Roseberry-McKibbin, 2006). Often,

however, when a client visits a hearing healthcare provider's office to explore the possibility of amplification but exhibits signs of denial about their hearing loss, it is possible that, instead of being in denial, they are actually ambivalent about the process of moving against the lifestyle they know (status quo). Ambivalence about behavior change is commonly encountered in the health care field (Rollnick, Heather & Bell, 1992)- it is a normal part of change behavior, and should not be viewed as dysfunction. Ambivalence can be identified when a person sees the benefit for change, then recognizes the benefit of the status quo, and ultimately chooses not to change at all (Rollnick, Miller & Butler, 2007). Understanding this behavioral pattern can help you steer the client towards a positive behavioral change using skills found in motivational interviewing. Motivational interviewing is a collaborative, person-centered form of counseling that elicits or strengthens motivation to change (Rollnick, Miller & Butler, 2007). The purpose of motivational interviewing is to help a client work through ambivalence and make a positive change – such as addressing their hearing loss. The use of reflections, asking-and-summarizing, and rating scales are techniques within motivational interviewing that can be implemented to motivate the client to change their current behavior (Rollnick, Miller & Butler, 2007).

SKILL 1 – Reflective listening

Reflective listening is the primary skill used in motivational interviewing

Written by: Nikolas Klakow, AuD

continuing education

... this article will explore three counseling skills that can be used at any time to obtain more useful information from clients, manage consultation time, and focus the direction of the conversation to help guide the client ...

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and is an important element during any communication with the client. During a traditional client interview, typical question and answer dialog may be successful with the client who has already accepted the need for amplification, however it will not be effective with the client who is ambivalent toward the use of hearing aids and needs to change behavior before accepting help. Understanding and adopting reflective listening will help you overcome ambivalence and, in this case, guide your clients to accept amplification as a solution for their hearing loss.

When exercising reflective listening, reflections are used in lieu of typical questioning because unlike a question, reflections are made as statements. Traditional questions result in the client pausing to develop answers, which disrupts the flow of conversation. Also, the professional's agenda is represented by the theme of the questions, and does not allow the client to share their agenda. Reflections, promote open dialog, which can both elicit more information from the client, including a reason for the behavior, and allow the professional to test a hypothesis about what he or she believes the person is saying (Rosengren, 2008).

The "Gordon Model", named after well-known psychologist and communication expert Thomas Gordon, PhD, suggests that during a single communication exchange, there are three opportunities for a conversation to break down:

1. The speaker may not say exactly what he is thinking
2. The listener may not correctly hear what the speaker has said
3. The listener may misunderstand what the speaker meant to say

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Reflective listening can help eliminate these potential disruptions by using a response to test that the professional has correctly interpreted what the client says (Gordon, 1997). An accurate re-stating of the client's report by the professional will lead the client to continue with the conversation, whereas an inaccurate interpretation by the professional will provide the client an opportunity to clarify, encouraging the disclosure of more useful information.

There are two types of reflections most commonly used in reflective listening: simple and complex. Simple reflections repeat elements of what the client said and can be used to emphasize certain points that are important enough to highlight. Overuse of simple reflections can risk the client's willingness to share if the professional repeats statements verbatim with a "parrot-like" quality. Instead, using complex reflections that surpass the client's words can actually stimulate the client's self-understanding. Complex reflections usually contain more depth, affect or direction than the client originally voiced. Consider these examples:

Simple Reflection:

CLIENT: "When we get into the restaurant, I usually stop listening to the group since I can't hear anything that is said. Sometimes I don't even want to go out anymore."

PROFESSIONAL: "It is so noisy when you go out that you can't understand."

Complex Reflection

CLIENT: "When we get into the restaurant, I usually stop listening to the group since I can't hear anything that is said. Sometimes I don't want to even go out anymore."

PROFESSIONAL: "It frustrates you that you have difficulty understanding conversation when you are with your friends to the point where isolating yourself seems like the better choice."

In the example below, see how the clinician reflects the client's answer about using hearing protection and exposes the conflicting viewpoints presented in his answers:

CLIENT: "It is a hassle to use my ear-plugs when I need to use the power saw quickly for a couple of cuts."

PROFESSIONAL: (reflection) "You feel it is less important to use hearing protection during short exposures to loud noise."

CLIENT: "It's not that. Actually, my ears ring after I use the saw for even a short time, but sometimes it is just easier and faster not to put the plugs in."

PROFESSIONAL: (double-sided reflection) "So on the one hand it is inconvenient to use hearing protection

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continuing education ... stop wrestling cont'd.

all the time and on the other hand you know that the noise is loud enough to affect your hearing. Is that right?"

Discrepancies can be presented using the "on the one hand" and "on the other hand" phrase, but care must be taken how, and how often it is used. The purpose of pointing out a discrepancy in a client's statements is to create awareness of the negative statement while placing emphasis on the positive one. It is encouraged to use the word "and" rather than "but" in the place separating the two points. Being more neutral, "and" will not minimize the importance of the first statement. It is important for the professional to monitor their tone as not to come across argumentative during this step. The above exchange could be rephrased:

PROFESSIONAL: "Hearing protection is a hassle for you to use, and at the same time you know that it is important."

These are effective examples of reflections because they are statements instead of questions and they encourage the momentum of the conversation to continue. Regardless of which type of reflection the professional uses, this approach will prompt the client to do more of the talking while the professional's reflections continue to validate their interpretation of the client's reports. Reflective listening is not an easy skill to master, however, practicing with this technique will improve the professional's ability to elicit information from the client that will help in the process of behavior change.

Role-playing counseling scenarios with a co-worker can strengthen the professional's comfort with employing reflective listening as a counseling tool.

SKILL 2 - Summarizing

Professionals are trained to gain information through questions. It is the method of how the information gathering process is performed and what the professional does with the answers that differs significantly among professionals. For example, open-ended questions prompt more dialog than closed-ended questions and they create an environment for the client that is open for sharing more details about their personal experiences. It can even get the client to expand on their answer and provide additional examples by following their answer with: "What else?" This is an important exercise because very rarely does the client share the emotional reason they are resisting behavioral change during the first answer. It is the second, third or fourth prompt that results in the "real" reason why the client has not chosen to address the needed change.

After completing a series of open-ended questions and using reflections to obtain more information, it is important to summarize the information and present it back to the client to ensure accurate understanding. Summaries can be used to organize the client's experience that were uncovered during the discussion with the professional. Summaries are also important because they can help move things along when there is a time constraint to the appointment, they provide an opportunity to direct the

focus of the conversation, and most importantly they allow you to expose discrepancies in the information presented by the client. They also serve as a way of strengthening the client/professional bond since the client will value being listened to by the professional.

PROFESSIONAL: "What are the most important benefits you would hope to get with amplification?"

CLIENT: "Well, I would like to hear the TV better, and when the grandkids come for a visit I have a hard time understanding them, but I think they mumble. It would be nice if I didn't always have to ask them to repeat things."

PROFESSIONAL: "What else?"

CLIENT: "I would be able to rejoin the group meetings that I have quit attending since I couldn't understand the speaker."

PROFESSIONAL: "What else?"

CLIENT: "I wouldn't feel isolated from my family."

PROFESSIONAL: "How important is it for you to get help for your hearing loss?"

CLIENT: "Well, if it would work; very!"

PROFESSIONAL: (summary) "So, you would like to hear the TV better, hear better in order to re-join some of the group meetings that you have quit attending, improve your hearing so that you could be more involved with your grandkids and in your family life. You would choose amplification if it can help you achieve these goals. What do you think about that?"

It is important for the professional to ask a key question at the end of a summary to once again have the client be able to add more information or state how they are feeling about the process of the meeting up to that point. Common key questions include: “How do you feel about that?” “Where does that leave you?” or “What do you think of that?”

Different than reflections that typically address the immediately preceding statement, summaries allow the professional to validate multiple statements that may have been elicited during the whole conversation. Summaries create an informal “check-point” with the client about what the professional has heard so far, and also allows the conversation to transition to the next stage. Summaries also allow the professional to pick and choose the points that they want to further address, leaving behind the ones that had no bearing on the current situation. Furthermore, they allow the clinician to manage the appointment time by summarizing the interview portion of the visit when recognizing that too much time has elapsed.

SKILL 3 – Use of Rating Scale

The third skill relates the use of rating scales. Often professionals will ask their clients to rate their experiences or problems on a scale of zero-to-ten. While this form of questioning forces the client to quantify their challenges, the answers are only helpful if the professional uses them. Unfortunately if the professional is not prepared to address the answer given, it will serve little purpose and may actually hinder the process of moving the client toward accepting amplification. For example, when

clients rank their readiness for a change with a high number, the answer is easy. If, however, the client rates their readiness low, the professional has to be prepared with a response. Putting the client’s rating into context is crucial, for example:

PROFESSIONAL: “On a scale of zero-to-ten, with ten being most important, how important is it for you to address your hearing loss so that you can be part of the conversation again?”

CLIENT: “Oh, about a five.”

At this point, the professional would want to ask the client why they said “five” instead of “ten” which will result in them explaining why they are not that concerned with changing.

PROFESSIONAL: “Why did you say ‘five’ and not ‘ten’?”

CLIENT: “Because I don’t think I miss out on that much and most of what they are saying is not that important for me to hear anyway ...”


In this example, the professional has given the client an opportunity to defend the status quo and may actually direct the client not to make a change. On the other hand, if properly prepared, there is the opportunity to take the client’s low rating and turn it around to make a case for change:

PROFESSIONAL: (backward question) “Why did you say ‘five’ and not ‘zero’?”

CLIENT: “Because, I still want to hear what is going on; it is just frustrating when I don’t get everything that is said and I have to ask to repeat, which makes me look stupid.”

The second response not only reveals more information to explore using reflections, but it also makes the client aware of his desire to change his current situation. The professional can now see if the client has thought about solving their problem situation

continued on page 28



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continuing education ... stop wrestling cont'd.

by asking a forward questions related to the same number scale:

PROFESSIONAL: (forward question) “What would it take for you to go from your ‘five’ to an ‘eight’ or ‘nine’?”

In answering this question, the client will begin to voice a solution to their situation. This information is very important since the client is voicing a path to their own change of behavior, leaving the professional as a supporter, rather than an antagonist. The information gathered during this exercise can then be summarized and ended with a key question.

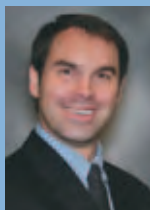
This rating method – when properly executed – can also promote a change in negative behavior such as poor use of hearing aids the client already has. For example the professional could

ask: “On a scale of zero-to-ten, how easy would it be for you to wear your hearing aids more often than just one day a week?” With this approach to questioning, the answers will always provide more information about the actual desires of the client. It is the professionals responsibility to explore these desires further because they likely create a strong emotional connection to the client’s ambivalence toward amplification.

These three motivational interviewing skills – reflective listening, summarizing, and rating scales – can advance behavior change. Incorporating these skills in any interaction with the client allows acceptance of change to originate from the client’s own willingness, rather than from family or professional pressure to accept the recommendations of amplification. These techniques can be adapted to various situations including reluctance to use hearing aids purchased, apprehension about using amplification to address their hearing loss, or refusal to use hearing protection to avoid risking additional hearing loss. Regardless of the scenario, these counseling skills will be useful whenever the need to understand the client’s experiences and motivation arises or if ambivalence toward change could become a roadblock toward their acceptance of behavior change. As with any new skill, they require practice before becoming routine, but the rewards will be a better understanding of the client, a more direct route to identifying and addressing client needs, and a more trusted relationship between client and professional. ■

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Nikolas Klakow works as a Customer Trainer in the Pacific Northwest for Phonak, LLC. He received his education from Emerson College (BS), University of North Carolina at Chapel Hill (MS-Audiology) and Pennsylvania College of Optometry- School of Audiology (AuD). He spent nine years in clinical practices, including hospital and dispensing office settings. Since 2002 he has been working for hearing instrument manufacturers as a sales representative and trainer. He has presented at regional and ational conventions, and is co- author of the children’s hearing aid book: “Patrick Gets Hearing Aids”.

IHS Continuing Education Test

1. A successful method to persuade a client to accept amplification is to provide more information on the benefits of the latest technology
 - a. true
 - b. false
2. Ambivalence may be seen as:
 - a. a lack of recognition about a problem
 - b. not caring about the issue
 - c. a behavioral dysfunction
 - d. recognition of two choices and choosing status quo
3. The traditional interview approach is successful with all clients.
 - a. True
 - b. False
4. Which of the following is not a quality of reflective listening?
 - a. asking a question
 - b. making a statement
 - c. repeating verbatim the client's statement
 - d. promoting flow of conversation
5. The following is an example of reflective listening:
 CLIENT: "I know I don't hear everything, but why does she always have to yell at me when she wants me to do something. I'm not deaf!"
 PROFESSIONAL: "In what situations do you have trouble hearing?"
 - a. True
 - b. False
6. Which is not part of the Gordon Model?
 - a. The speaker may not say exactly what he is thinking
 - b. The speaker keeps talking too much
 - c. The listener may not correctly hear what the speaker has said
 - d. The listener may misunderstand what the speaker meant to say
7. Which of the following are examples of complex reflections?
 CLIENT: "I know I don't hear everything, but why does she always have to yell at me when she wants me to do something. I'm not deaf!"
 - a. "Sometimes you make mistakes."
 - b. "It bothers you when she shouts at you."
 - c. "You feel like you are treated like you don't hear anything."
 - d. All of the above
8. Double-sided reflections point out discrepancies in client's statements.
 - a. True
 - b. False
9. Summarizing is an important part of reflective listening. It is used to:
 - a. ensure accurate understanding
 - b. organized the client's experiences and reasons uncovered during the conversation
 - c. help keep the conversation moving along (time management)
 - d. direct the focus of the conversation
 - e. strength the bond between client and professional
 - f. all of the above

10. When employing rating scales, the use of "backward" and "forward" questions prompt the same response from the client.
 - a. True
 - b. False

For continuing education credit, complete this test and send the answer section at the bottom of the page to:

International Hearing Society
16880 Middlebelt Rd., Ste. 4
Livonia, MI 48154

- After your test has been graded, you will receive a copy of the correct answers and a certificate of completion.
- All questions regarding the examination must be in writing and directed to IHS.
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ANSWER SECTION

(Circle the correct response from the test questions above.)

1. a b

2. a b c d

3. a b

4. a b c d

5. a b

6. a b c d

7. a b c d

8. a b

9. a b c d e f

10. a b

Here's a bright idea – save as a member when you register for the IHS Convention & Expo!

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membership matters

New Members as of March 31, 2011

The IHS extends a cordial welcome to the following new members

Amanda Adams-Rockwell - Mobile, AL
Gretter Cancelo Alessandrini - Davie, FL
Blaine W. Alexandre - Kamloops, BC, Canada
Candice C. Barry - Tucson, AZ
Doris R. Bartolucci - West Springfield, MA
James C. Bauman - Salisbury, MD
Jeffrey L. Bayliff - Woodstock, VA
Michael D. Beasley - Bluffton, SC
Danny Beltre Lachapell - Santo Domingo Oeste, Dominican Republic
Jennifer H. Bennett - Maple Valley, WA
Andy R. Bierbaum - Terre Haute, IN
Jaime E. Biggs - Macungie, PA
Sonya L. Blaquiere - New Harmony, UT
Jill Bourgeois - Mashpee, MA
Jeffrey D. Bray - Pensacola, FL
Coby S. Brothers - Champlain, NY
Sheri G. Brumbill - Marietta, GA
Wanda E. Cardenas - Anaheim, CA
Donald W. Carruth - Citrus Heights, CA
John J. Chobanian, BC-HIS - Peoria, IL

Sharon L. Collier - Greenwood, DE
Larry D. Collum - Monroe, LA
Linda Jimerson Connick, BC-HIS - Pensacola, FL
John E. Criasia - Biglerville, PA
Joseph A. Dashiell - North Miami, FL
Elizabeth A. Daughtrey - Colorado City, CO
Kevin P. Defibaugh - Richmond, IN
David J. DeFilippo, BC-HIS - Stratford, CT
Joseph L. DelSanto - Matthews, NC
Keith Dominiak - Cincinnati, OH
Donovan Doust - Cincinnati, OH
Darin T. Ducklow, BC-HIS - Madison, WI
Fintan P. Duggan - Dublin 22, Ireland
Janetlynn Dunn - Tarrytown, NY
Adrianne N. Duong - Atlanta, GA
Matthew S. Dykes, BC-HIS - Salisbury, MD
Brian S. Emery - Peoria, AZ
Kellie Rae Fedde - Omaha, NE
Bert J. Ferren - Arlington, VA
Laurie B. Firestone, BC-HIS - Fort Myers, FL
Nancy C. Fox - Westerly, RI
Terrence P. Galvin, BC-HIS - Merritt Island, FL
Adriana D. Galvis, BC-HIS - Miramar, FL
Kristopher O. George - Helena, MT
Gail L. Giralico - Paradise, CA
Luis M. Gonzalez - Pemboke Pines, FL
Susan Goode - Winchester, VA
Debra Goomansingh - Richmond, BC, Canada
Sabreena K. Grewal - Abbotsford, BC, Canada
Trevor J. Griffin - Newbridge, Co. Kildare, Ireland

Jared A. Grimes - Oxford, AL
Man Seouck Hahn - Daegu, South Korea
Ronald W. Hapanowicz - Treasure Island, FL
Darrell D. Hartman, BC-HIS - Greenwood, IN
Krista A. Hearn - Saint John's, NL, Canada
Derrick W. Heflin - Peoria, IL
Jeanine Hicks - Monroe, LA
Brenda K. Hodge - Conway, AR
Rebecca G. Hollingshead - Norman, OK
Karrie Lee Howes - Kamloops, BC, Canada
Brittany Huddleston - Stuart, FL
Gary S. Huff, BC-HIS - Marina Del Rey, CA
Katie Isgriggs - Perryville, MO
Kristina K. James - Redmond, OR
Adam D. Jasa - Pleasant Hill, CA
Christopher G. Jones - Taylorsville, UT
John D. Kabel - Tuscaloosa, AL
Nicole M. Kalukiewicz - Peabody, MA
Thomas M. Kamioka - Mililani, HI
Patty Kaufman - Buchanan, VA
Douglas W. Kay - Warwick, RI
Alan K. Kelso - Saint Augustine, FL
Gregory H. Kemper - Effingham, IL
Christopher Shawn Kerr, BC-HIS - Sydney, NS, Canada
Robert J. Kille, BC-HIS - Chambersburg, PA
Nikki Kirkham, BC-HIS - Okotoks, AB, Canada
Brenda L. Knox - Blairsville, GA

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| <input type="checkbox"/> Student | Individuals pursuing an academic or vocationally-based program of study in the practice of hearing instrument sciences or other related professions. | \$ 35 |

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COMPANY NAME:		I am ... <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Business Owner (# Offices _____, # Dispensers _____)	
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Address line 2:		Business Fax:	
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Member of: ☐ IHS affiliate chapter _____ ☐ AAA ☐ ADA ☐ ASHA ☐ _____

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Rev. 8/2010



As he begins the next chapter in his life we sat down with long-time IHS supporter and former editor of *The Hearing Journal* David Kirkwood.

David Kirkwood is a familiar name in the hearing health industry. He spent 20 years as editor-in-chief of The Hearing Journal, one of the industry's leading publications. Over the years David attended IHS conventions and was well known and respected by so many IHS members. IHS would like to thank David for being an advocate for hearing aid specialists – and all hearing health professionals – and we look forward to seeing what is in store for him in the future. In this interview, he shares some of his insights and plans for his future.

THP Editor: How many years have you been covering the hearing healthcare industry and how did you first get involved?

Kirkwood: I have been a journalist my entire career, but prior to joining *The Hearing Journal* in 1990, I had little knowledge, or interest, in hearing health. For 15 years I was editor and publisher of a community newspaper in Scarsdale, New York. My wife and I both felt ready for a change of scene, so we moved to the Boston area, where Annie took a job as a university professor. After a few months of R&R, I answered a help-wanted ad for the *Journal*. I was hired and after a few short weeks of learning the ropes from

the departing editor, Bill Mahon, I took the reins – and the rest is history.

THP Editor: During your 20-year tenure with the *Journal* what are you most proud of?

Kirkwood: Since 1990 the *Journal* went through several transformations under my leadership and I am proud of the fundamental improvements I influenced. In particular, I am pleased with the excellent team of editorial contributors I brought together. I believe they made up the strongest editorial team across the board, and I miss working with them.

THP Editor: Over the years you spent a lot of time covering the division between hearing healthcare practitioners and their respective organizations. Are you surprised this issue is still so prominent today?

Kirkwood: This topic came up often in my editorials, especially in the 1990s, first because of FDA efforts to rewrite the hearing aid regulations, and then when the Doctor of Audiology (Au.D.) degree was introduced. I actually believe the situation has improved a lot in recent years. However, there is still an unfortunate amount of acrimony

membership matters

Best of luck David from all your friends and colleagues at IHS!

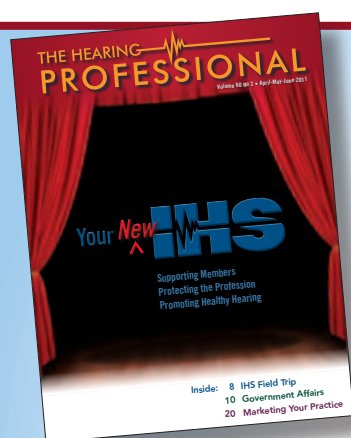
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new members cont'd.

Claudia E. LaBelle, BC-HIS, ACA - Bay City, MI
 Patricia Landvatter - West Bend, WI
 Mackenzie Lewin - Fall River, MA
 Brian F. Londrigan - Naples, FL
 Lisa Martin - Toronto, ON, Canada
 Deborah G. Martin-Irby - Newton, AL
 Tamah K. Massey - Fredericksburg, VA
 Jaime E. May - Arcata, CA
 Thomas McCormack - Chicopee, MA
 Mari E. Miller - Lake Mary, FL
 Michael E. Molumby, BC-HIS - Chandler, AZ
 Michael D. Moore - Tampa, FL
 James M. Morris - Canton, OH
 Dawn M. Morski - Lapeer, MI
 Gerald V. Mottese, BC-HIS - Grand Island, FL
 Melissa Marie Munroe - Kentville, NS, Canada
 Donna M. Murphy - Charlottesville, VA
 William F. Murphy - Charlottesville, VA
 Vanessa M. Myers - New Braunfels, TX
 Sherri L. Myrick - Odessa, FL
 Margaret R. Narramore - Las Cruces, NM
 Kristin B. Nixon - Ocala, FL
 Judd R. Palmer - Canby, OR

Mohini V. Patel - Ruston, LA
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Kirkwood cont'd.

between the professions. The reality is that there are not nearly enough qualified, licensed professionals in the field to serve the growing population of hearing impaired. So eliminating any group of practitioners or limiting their scope of practice would impose a huge disadvantage to consumers. With the aging of the baby boomers we can expect a significant increase in demand for hearing aids and other types of hearing care over the next 30 years. The current workforce is simply not large enough to handle that increase.

THP Editor: You have always been supportive of hearing aid specialists and IHS. What do you think is the biggest challenge facing the profession today?

Kirkwood: I am an advocate for *all* hearing healthcare professionals and their respective organizations. But I would add that in the last several years I was at the *Journal*, I grew close to a number of IHS leaders and other members, and I have formed some lifetime friendships.

As for the biggest challenge facing traditional dispensers, it is probably that they are at a disadvantage compared with audiologists because they are not generally required to earn a degree in their field to enter the profession. I believe that many of the most dedicated, compassionate, and skilled hearing care professionals in practice are hearing instrument specialists. But their lack of a doctorate or other professional degree can create apprehension among consumers searching for a provider

and may ultimately impact their choice.

THP Editor: What do you think is in store for the hearing healthcare workforce in the next 5 years and how can IHS support it?

Kirkwood: I hope the work force increases so it can accommodate the rise in demand that lies ahead. This is a tremendous opportunity to bring more hearing instrument specialists into the mix because they are able to receive training and become licensed much faster and less expensively than other dispensing professionals. This also presents IHS with a great opportunity to impact the industry. In the overall work force, very few people are aware of the benefits of becoming a hearing aid specialist. It is not a profession that is typically discussed by school guidance counselors or career counselors. Typically the young adults who choose this field are following in a family member's footsteps. I hope that IHS will be instrumental in getting the word out. If it continues to invest in continuing education and finding ways to increase the number of professionals entering the field, the society and the industry will prosper.

THP Editor: Do you see any specific disconnects or obstacles in the industry that are holding Hearing Aid Specialists/Audiologists back?

The biggest obstacle facing hearing health professionals continues to be the lack of consumer knowledge. Most people have very little idea how

advanced hearing aids have become and how much they can improve the quality of life for people with hearing impairments.

THP Editor: What role do you think professional membership associations like IHS play in increasing consumer awareness and changing the negative image of hearing aids?

Kirkwood: This is very important for the industry and the more that groups can work together the better off the industry will be as a whole. Organizations like IHS may not be large enough to affect consumer awareness very much by themselves. However, continued collaboration with other professional groups and with industry and consumer advocacy groups can make a big impact. Also, IHS can nurture grass-roots efforts by its members to create awareness in their local communities. For example, it can advise practitioners on how to get a column or a letter published in their local paper about the importance of treating or preventing hearing loss. Or members can learn how to host open houses or take part in health fairs to educate the community. These are inexpensive activities that can go a long way in creating positive awareness at the local level.

THP Editor: How much has technology changed since you began covering the industry?

Kirkwood: Since I joined the industry in 1990, the advancements in hearing aid technology are absolutely incredible. The introduction of digital

signal processing to hearing aids changed the industry dramatically by making hearing aids more flexible and making it possible to eliminate problems such as feedback and distortion. Hearing aids have also become much smaller, making them less visible, which helps consumers feel better about wearing them.

THP Editor: There have also been many changes in hearing aid manufacturing over the years. What are your thoughts on why so many companies have consolidated, and what impact do you think this has on the industry?

Kirkwood: As the demands and expectations for state-of-the-art hearing aid technology grew it became harder for companies to support the research and development needed to compete technologically. This is when we started to see an increase in consolidation. Fortunately, when

companies unite they increase their R&D resources. As a result we have seen dramatic acceleration in product development. Improvements in hearing aid performance occur much, much faster than they did in the 1990s. I do worry, however, that at some point the industry may become over-consolidated. If the number of manufacturers becomes too small, the industry might grow less competitive. That could lead to less choice for dispensers and consumers and, possibly, higher prices. Hopefully this will not happen. It would be good to see some new companies enter the market.

THP Editor: In December 2010 you wrote your final editorial for *The Hearing Journal*, what's next for David Kirkwood?

Kirkwood: While I have left the Journal, am definitely not ready to retire from journalism or from the

hearing industry. I am especially interested in doing something to make consumers more aware of the remarkable advances that hearing care has achieved in recent years. I've been frustrated by how many hard-of-hearing people still refuse to get help. But since the journal I edited was read primarily by professionals, I wasn't in a position to tell consumers how much today's hearing solutions can improve life--not only for them, but for their family and friends as well.

In fact, this is one reason that I have teamed up with a group of prominent hearing professionals to develop a new blog, www.hearinghealthmatters.org. I urge your readers to check it out. The blog offers valuable information not only to hearing care providers, but also to users of their services and products. I believe that both groups have a lot to learn from each other. I hope I will help bridge the gap between them. ■

Share your items for the “60 Years of Hearing Healthcare” display



It's a step back into history
as we showcase hearing aids and other artifacts from the past through the present during the 60th Annual IHS Convention & Expo. This historical display will showcase the tremendous technological advances that have been made throughout the Society's 60 years.

If you have historical hearing aids, equipment, photos, publications, or stories you believe would capture the rich history of the industry – or the Society – please contact Kara Nacarato at knacarato@ihsinfo.org or 734.522.7200.



The Georgia Society of Hearing Professionals Fight to Keep Hearing Aids Exempt from Sales Tax



On May 11, 2011, Georgia Governor Nathan Deal signed H.B 168 into law, which reinstates the sales tax exemption for hearing aids, effective immediately. Attending the ceremonial signing were Representatives David Knight (R-Griffin) and Ed Rynders (R-Albany), as well as Ralph Jackson and Jeff Fargason, BC-HIS, ACA, of the Georgia Society of Hearing Professionals, and Jerry Usry of Usry Consulting, Inc.

In 2010, a comprehensive tax bill, H.B. 1221, had repealed the exemption for hearing aid sales, which made hearing aids fully taxable beginning January 1, 2011. Upon learning of H.B. 1221's passage, the Georgia Society of Hearing Professionals, representing

those professionals engaged in hearing aid dispensing, quickly activated to return the exemption to state law.

"This was an important victory for Georgia consumers and we are extremely pleased with the outcome," said Ralph Jackson, Board member and Past President of the Georgia Society of Hearing Professionals. "As a licensed hearing instrument specialist, I see patients every day who struggle to afford much-needed hearing aids and passage of this bill will help with some of the burden of the cost and bring Georgia in line with the vast majority of other states in terms of hearing aid taxation." ■

Member Communication Increases with the Launch of SoundBoard

In April 2011, IHS launched the first issue of *SoundBoard*, the e-Newsletter for IHS members. This new electronic resource is designed to keep members up-to-date with membership activities, industry news and legislative developments affecting hearing healthcare professionals. *SoundBoard* is a member benefit and supplements the Society's quarterly magazine *The Hearing Professional*, offering members more timely communication from the Society. Members who have provided us with a valid email address will receive the e-Newsletter monthly, except in months where the magazine is printed.

"The introduction of *SoundBoard* is the first step in our efforts to improve

member communications," explained IHS Executive Director, Kathleen Mennillo. "We know members need to hear from us more regularly and we are committed to making it happen."

As *SoundBoard* continues to evolve there are plans to add valuable features such as a classified section and a membership spotlight feature. *THP* advertisers can also take advantage of this new opportunity to reach a targeted audience and should contact the e-Newsletter's editor, Kara Nacarato at 734.522.7200 for more information.

If you did not receive the first issue in April contact IHS to verify your email address for future communications. ■

New Blog Dedicated to Hearing Health



Eight prominent hearing professionals have launched a unique new blog, hearinghealthmatters.org. "Our mission," says Holly Hosford-Dunn, PhD, the editor, "is to share valuable information and insights with people who care about hearing. Our readers and contributors include not only hearing care providers, but also

researchers, manufacturers, educators, and, importantly, hearing-impaired consumers and those who love them.”

The blog is interactive and has a growing number of sections, each with its own editor who adds new posts weekly. For example, at Hearing Economics, Dr. Hosford-Dunn and guest contributors will discuss the financial realities of hearing care. David Kirkwood, former editor-and-chief of *The Hearing Journal* is the editor of Hearing Views, a forum for comment and opinion on any subject related to hearing. And, at Hearing News Watch, he keeps practitioners and consumers updated on breaking stories of relevance.

Currently, The Blogs @ Hearing Health & Technology Matters! include 11 different sections from a distinguished list of editors representing audiologists, hearing instrument specialists and industry experts. Visit the blogs at www.hearinghealthmatters.org – readers are encouraged to comment on posts. ■

Testing for the IHS Distance Learning Course is now offered online

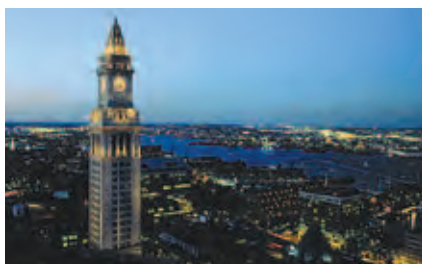
After many months of programming and behind-the-scenes work, testing for the IHS Distance Learning for Professionals in Hearing Health Sciences course is now available online – including the final examination. The distance learning course is a 1-year, self-paced independent study program for individuals considering a career in hearing healthcare. The shift to an online format makes it more convenient and faster for candidates to complete.

In the previous pen and paper format, students were required to complete the 30 chapter tests and send them in to IHS by mail to be graded. Once a student completed the entire curriculum, including the 30 chapter

tests, they were required to find someone to proctor their final examination. The entire process was time consuming because students had to wait for their test results to be sent to them in the mail. Particularly for a student planning to take their state licensing exam this delayed timing was crucial because it could affect their eligibility to take the licensing exam.

The new online format alleviates the delays and allows students to take the chapter tests and the final exam whenever they want and receive their scores immediately. Now if a student does not pass the final examination with a minimum score of 75% they know immediately and can retake the exam at no additional cost.

For more information on the Distance Learning Course visit the IHS web site at www.ihsinfo.org or call Dedra Simmons at 734.522.7200. ■



Registration is Now Open for the 60th Annual IHS Convention and Expo

The 60th Annual IHS Convention and Expo will be held September 15-17 at the Seaport Hotel and Seaport World Trade Center in Boston, MA. As the Society celebrates 60 years of hearing healthcare excellence several important changes and event enhancements have been made to this year's event.

Event highlights include:

- Keynote presentation and luncheon – “Innovate Like Edison” featuring Sarah Miller Caldicott, the great-grandniece of Thomas Edison
- General session – “Online Marketing Tools to Reinvent Your Business” presented by Paul Dybala, PhD, President, AudiologyOnline
- A progressive learning track on real-ear measurement
- Up to 13 hours of continuing education credit
- 60th Anniversary Awards Gala
- “Bright Ideas” Expo featuring the latest hearing aid technology, supplies, and services
- Looping systems provided by Wireless Hearing Solutions

For more convention information, or to register visit www.ihsinfo.org/convention.

Early registration rates apply until July 4th!

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Email classified ad copy to knacarato@ihinfo.org or fax to 734.522.0200. The ad rate is \$.99 per regular word and \$1.15 per boldface or all-capped word with a minimum rate of \$50.00. There is an additional charge of \$20 for boxed ads. For additional information call 734.522.7200.

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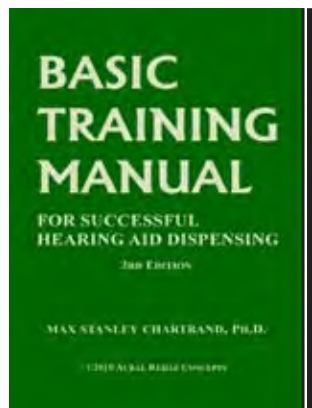
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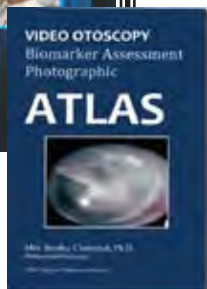
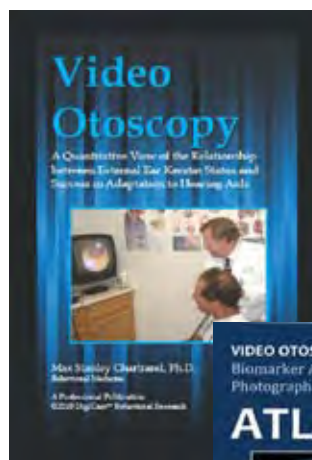
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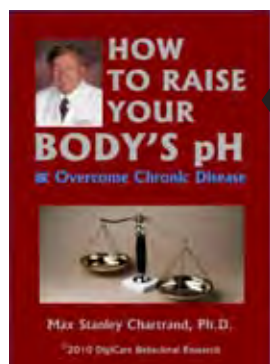
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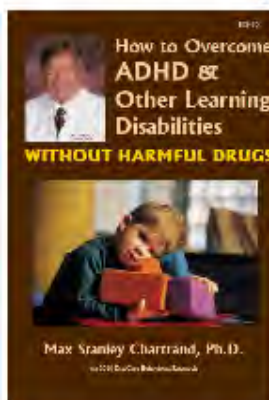
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