

**At University of Washington Speech & Hearing Clinic we love our patients!**

We are happy to provide you with the latest hearing healthcare news, clinic updates, and special offers. Thank you for being our patient – we'll see you soon!

# Hello Spring

## STUDENT CORNER



**Leadership in Education in Neurodevelopmental Disabilities-  
Pediatric Audiology Trainee Emphasis (LEND-PATE):**  
By Sheridan Frank, Gina Hone, Cori John, and Alice Kuang  
AuD Graduate students, class of 2019

Each year, students from our audiology program apply for the LEND-PATE fellowship. This program provides additional training to AuD students to facilitate the development of pediatric audiologists. This year's fellows include Sheridan Frank, Gina Hone, Cori John, and Alice Kuang and two from the University of Idaho, Alyssa Ferhringer and Jessy Noblitt.

The LEND training includes weekly interdisciplinary seminars, audiology-focused seminars with mentor Lisa Mancl, and additional pediatric-focused clinical rotations. Through these experiences, we have gained

more experience diagnosing and managing hearing loss, participating in early intervention services, and providing aural habilitation therapy for children with hearing loss. Gina said, "The unique LEND experience has helped us sharpen our diagnostic and counseling skills. We feel better prepared to provide individualized, family-centered care as future pediatric Audiologists."

This training has taught us to provide interdisciplinary clinical care for children with neurodevelopmental disabilities and their families. Disciplines participating in the LEND program include Audiology, Physical & Occupational Therapy, Nutrition, Developmental Pediatrics, etc. We also gain experience on a multidisciplinary team during the Otolaryngology, Craniofacial, or Hearing Loss Clinics at Seattle Children's. According to Sheridan, "This has taught us how interdisciplinary teams promote development of innovative approaches and solutions to complex problems."

Through this specialized training, we feel prepared to assume leadership roles in pediatric audiology. We are excited to attend the 2018 Early Hearing Detection and Intervention Conference. There, we will learn about implementing state-based programs that include screening, audiologic management, and follow-up for children with hearing loss. Additionally, we each complete a leadership project that will be presented at the Annual LEND Day. Examples of projects include assessing vestibular dysfunction in pediatric cancer patients and investigating the use of acoustic spectral ripple discrimination as a measure of cochlear implant efficacy. The UW LEND Day will be hosted on June 4th, 2018 at the Center on Human Development and Disability.



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**UW Speech & Hearing Clinic**

# CONFIDENCE IN LISTENING

By Christi Miller, PhD and Lauren Yamaguchi, AuD Graduate Student



The Amplification Lab at the University of Washington focuses on improving outcomes for hearing aid users, particularly speech understanding in noisy environments. While we conduct both basic and applied research, we are motivated by issues we see in the clinic on a daily basis.

Research tells us that using hearing aids can lead to improvements in quality of life for people with hearing loss. Yet many hearing aids end up collecting dust in the drawer—why is that? Even when people have the most current technology and are fit appropriately for their hearing loss, hearing aid usage and benefit is not guaranteed. There is more to the treatment of hearing loss than the results of your hearing test and the technology in the hearing aids!

Day-to-day listening with hearing loss can be complicated. Every person's experience is unique depending on their hearing loss, hearing aids, and individual differences—it's hard to pinpoint what combination of factors causes some people to do better than others. The UW's Amplification Lab aims to learn more about these factors with the ultimate goal of improving outcomes for hearing aid users. One factor we have been studying is self-efficacy, or the confidence in one's ability to successfully undertake behaviors to achieve a certain goal. In general, self-efficacy has been shown to predict positive outcomes for other

health-related behaviors such as sun safety, motivation to exercise, and managing heart disease.

Our recent study examined listening self-efficacy, which is the belief in one's ability to plan and perform actions necessary to understand speech in different listening situations. We found that wearing hearing aids can result in higher listening self-efficacy for understanding speech in simple and complex listening conditions. Our results support the need for aural rehabilitation and counseling strategies to improve patient outcomes with hearing aids.

Please visit the website for the Amp lab at <http://www.uwamplab.com/p/home-page.html> to learn more about her research. If you are interested in participating in her research, you can contact Dr. Miller directly.

## HEARING AIDS AREN'T ENOUGH

Wearing hearing aids is just the first step toward better hearing. You must develop good communication habits in order to maximize their effectiveness. These include a commitment to wearing your hearing devices, not hiding the fact that you are hard of hearing from the person with whom you are speaking, controlling your environment, making eye contact, practicing your listening skills, and being patient with your results.







# WHY DO HEARING AIDS COST MORE THAN SMARTPHONES?

By Jennifer Gray, AuD, CCC-A

Q. Why is a smartphone so much cheaper than a hearing aid?

A. The difference in pricing comes down to economics, manufacturing, and how hearing aids get from the manufacturer to you.

Q. How do economics fit in?

A. 190 million smartphones were sold in the US in 2016 versus 3.65 million hearing aids. The demand is low, so the cost is high.

Q. How about the manufacturing angle? The materials that make up a hearing aid aren't that expensive; microprocessors and microphones only make up about 10 percent of the cost.

A. Hearing aids require extensive research and development, which is then folded into the cost. Research can be as much as three times the cost of the materials. While the actual component costs might be low, the features that make them work are all based on expensive research and design. It takes 4-6 years to get a new hearing aid to market and time is money.

Q. If the hearing aid costs \$1,000, where does the remaining cost come from?

A. Overhead such as electricity, lights, computers, paper and pens. Highly specialized equipment and salaries of everybody involved figure into the final price.

Q. Fine, I get that the audiologists need to be paid but what am I, as a consumer, getting for the price of a hearing aid?

A. An experienced audiologist who can tell whether you need to be referred to a medical professional or whether hearing aids might be a good option. They can provide specialized testing to make sure hearing aid performance is maximized for your particular hearing problem, teach you how to use the hearing aids to their top potential and help you deal with the psycho-social aspects of hearing loss.

## UNDERSTANDING THAT RINGING IN YOUR EARS

Tinnitus, often referred to as ringing in the ears, affects roughly 20% of the American population. For some it is a minor nuisance but for others, a major impediment to their quality of life. Tinnitus isn't a disease, but a symptom that has a variety of causes. While there is no cure, strategies exist for managing tinnitus.

Visit our website at [shclinic.washington.edu](http://shclinic.washington.edu) or call (206) 543-5440 for more information on attending a free tinnitus management session.



# Donate and **UPGRADE!**

Get a free streamer accessory when you purchase a pair of upgraded devices.  
Offer expires 6/30/18

The UW Speech and Hearing Department Hearing Aid Assistance Program (UW HAAP) is seeking donations of used hearing aids. HAAP gladly accepts all styles of used hearing aids, regardless of the condition. Your donation will change the quality of life for an individual and their family who are unable to afford amplification on their own. This is a tax-deductible donation.



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