



AUDINEWS

The Newsletter of the International Society of Audiology

WWW.ISA-Audiology.Org

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Affiliated Organizations

The International Society of Audiology is proud to be affiliated with many national and regional audiological organizations. At the regional level stand the European Federation of Audiological Societies (EFAS) and the Pan American Society of Audiology (PASA). At the national level, our by-laws and rules permit us to recognize more than one body in a given country, provided the applicant body is truly national in nature, has an established record of existence, a legalized structure of by-laws and documents, and a sufficient number of members to be considered a valid organization. Countries whose organizations have officially affiliated with ISA or with whom we have a working relationship include Australia, Belgium, Brazil, Britain, Canada, Costa Rica, Germany, Hungary, Italy, Iran, Israel, Japan, Malaysia, Netherlands, New Zealand, the Nordic Countries as individual societies and as a group, Phillipines, Russia and the United States. Of course, we are also affiliated with Hearing International, ICRA, and IERASG, all worldwide in scope. There are, of course, a variety of other groups that call ISA their friend and international colleague, but have not taken any official steps. In short, the International Society of Audiology is truly International in scope and in its reach. It is the representative of Audiology at the World Health Organization, and it serves to unite researchers, scientists, and clinicians within our discipline. With this issue of the *Audinews* we welcome a new official affiliate: The Canadian Academy of Audiology.

The Canadian Academy of Audiology (CAA; <http://www.canadianaudiology.ca>), established in 1998 as a organization dedicated to building a strong national community of Canadian audiologists, has been very successful in attracting members. Typical attendance at our annual conference is about 400, almost half of those practicing in Canada. In 2005, CAA sought affiliate status with ISA and adoption of IJA so that Canadian audiologists could benefit from stronger links to the international audiology community. ISA President Bill Noble will be the Keynote presenter at the upcoming 8th Annual CAA Conference (Toronto, September 29 to October 1st). The conference will feature a celebration by CAA of its new affiliate status in ISA.



In many respects, Audiology in Canada is similar to Audiology elsewhere in the world. However, the history of the profession in Canada also reflects the distinctive characteristics of Canadian society and the Canadian health care and educational systems. The first Canadian university program to train audiologists was founded at the U de Montréal (1956, followed by programs at McGill (1964), U British Columbia (1969), U Western Ontario (1970), Dalhousie (1976), and the U d'Ottawa (1994). The Canadian Speech and Hearing Association, founded in 1964 was renamed the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) in 1986. Not surprisingly, Canadian-grown audiology is much younger than in the USA where ASHA was founded in 1925. (continued on page 3...)

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**President's Message:
The International Congress of Audiology
Its Place In The Life Of Our Society
Bill Noble, President, ISA**



This piece continues the line of thought about “what the International Society of Audiology is for”. The particular issue I’d like to talk about is the place of the International Congress of Audiology in the life of the Society. The ISA sponsors an International Congress each two years. How this Congress is organized and its general character have evolved since the inception of these meetings more than 50 years ago. A centre-piece of Congresses, one that has been successfully developed, is the Round Table. There are three Round Table sessions in each Congress, and they are intended to allow current and emerging issues of relevance to hearing science and clinical practice to be presented by panels of expert speakers under the direction of international leaders in the areas selected. The themes of the Round Tables are determined at the previous Congress, the determination being by the General Assembly of the Society, the Executive Committee of the Society, and the upcoming Congress Organisation.

The Congress schedule is designed so that these sessions do not clash with each other or with any other Congress business. This ensures that delegates can gain exposure to topics of scientific and practical currency, in addition to the independent presentations, keynote speeches, and poster sessions that are typical features of all important scientific meetings. A growing element of audiological practice, sponsored by ISA, is Humanitarian Audiology, a movement aimed at providing accessible and affordable services, reliant on professional volunteer work, in remote communities for whom such services are otherwise very hard to obtain (see the ISA website for more details). The International Congress offers a useful occasion for members of the Humanitarian Audiology group, and anyone interested in learning more, to get together to discuss developments, project ideas, and relevant news and events around the world.

The ISA sponsors the International Congress, but it does not own it. Expressions of interest and bids for presenting the Congress are invited up to three or even four Congresses (six to eight years) in advance of when the successful bid would be expected to be realized as a Congress. Responses to this invitation are especially welcomed by national and regional societies of Audiology. The occasion of bringing the Congress to one’s own region of the world can be a very appealing prospect, in helping to put that region “on the map”. It allows local practitioners opportunity they might not otherwise gain to interact with fellow professionals from all parts of the world, and to be up-dated on current and emerging topics of scientific and clinical value. Local societies may be able to see ways of incorporating a national or regional meeting with the Congress, so as to better ensure this interaction, and to allow locals to see that ownership of the meeting is very much in their hands.

A set of advisories is offered to local associations about what ISA minimally expects to see within the Congress structure (such as the Round Tables), as well as advice about appropriate points to remember in planning for the meeting. Not least among the considerations here is ensuring affordable accommodation (in addition to whatever more up-scale places may be available) so that delegates from the expected range of backgrounds, not least students, can make it to the meeting without breaking the bank. On this point, ISA has been successful in obtaining industry-sponsored student Congress scholarships to assist with the cost of travel and accommodation.

ISA takes very great interest in ensuring the International Congress of Audiology lives up to expected standards of organization, and scientific and clinical worth. But the ISA also sees the occasion as a way of bringing people from all parts of the world together, in different parts of the world. An International Society necessarily seeks to have an internationalist approach. Given

(continued on page 3...)

President's Message: The ISA Congresses..... continued from Page 2

the "regional" element in forward planning for Congresses, attention is normally given to trying to ensure the Congress is systematically located in different areas of the world, where "the world" is very broadly understood as comprising the three rather gigantic zones of: the Americas; Asia and the Pacific; Europe, the Middle East and Africa. In recent years the meeting has been held in Europe (The Hague, Netherlands, 2000), Australasia (Melbourne, Australia, 2002), and North America (Phoenix, Arizona, 2004). Next year, the XXVIIIth Congress will again be in Europe (Innsbruck, Austria), in 2008 it will be in Hong Kong, China; in 2010 it will be in Sao Paulo, Brazil. Please see this account as a warmly expressed invitation to any interested party, regional or national society to contact ISA if there is interest in hosting the International Congress in the future.

Affiliated Organizations: Canadian Academy of Audiology....continued from Page 1

Until the late 1970s, Canadian graduates were qualified to practice audiology and speech-language pathology. Over the last 25 years, the curricula of the programs have become more specialized and now graduates are qualified to practice in only one profession. The foundation of CAA in 1998 marked the maturing of Audiology as a profession in Canada. CAA becoming an affiliate of the ISA in 2005 marks the beginning of a new role in an international context. At present, the degree for entry into practice in Canada is a Master's degree, but students may enter graduate programs in Audiology from many different undergraduate backgrounds (Psychology, Linguistics, Biology, Anthropology, Engineering, etc.) The interdisciplinary academic foundations of the students have enriched the development of Canadian Audiology and university programs continue to blend theory and practice so that graduates are able to innovate and adapt to changes in the field.

In 2003, Canadian audiologists participated in a national survey concerning the need for changes to the curriculum and to the credential for entry into practice. Although about 85% wanted curricular reform with more integration between classroom and clinic-based training, less than half endorsed the proposal of the AuD (professional doctorate in audiology) as the new credential for entry into practice. Any future changes to the credential for entry into practice in audiology will be influenced not only by the opinions of practicing audiologists and the initiatives of universities but by the recent decision of the federal and provincial ministers of health and education to establish a new process for evaluating proposals for changes in entry-level credentialing for all health profession, and by the establishment of provincial regulatory bodies for health professionals and possible changes in the structure of health care funding. As an ISA affiliate, CAA members will no doubt benefit by gaining a more global perspective on many issues including how to prepare audiologists for the future.

DIARY NOTE:

29-31 OCTOBER: INTERNATIONAL BINAURAL SYMPOSIUM 2005
UNIVERSITY OF MANCHESTER CONFERENCE CENTRE, UK

DEADLINE FOR REGISTRATION IS SEPT 29

Speakers include: Akeroyd, Arlinger, Boothroyd, Ching, Coburn, Darwin, Dreschler, Davis, Gatehouse, Hickson, Kiessling, Litovsky, Mencher, Noble, Summerfield, Tyler, Walden, Wouters, Wright

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XXVIIIth International Congress of Audiology: Slowly, but steadily approaching!

September 3 – 7, 2006: a magic date to keep in memory! This date will (hopefully) find YOU in Innsbruck, Austria, attending the XXVIIIth ISA Congress, and enjoying the richness of the venue's scenic, cultural, and gastronomic attractions.

The local organizing committee is already busy in preparing the Congress. A First Announcement flyer has already been sent out, and a Congress homepage has been opened under: www.icaud2006.at. You may refer to it for the latest information about organization progress, about the program, about the Congress venue, and – in near future – for registration, abstract submission, and hotel booking. You also may download the First Announcement flyer (as a pdf file) from the homepage. If you wish to have a larger number of flyers for distribution, please do not hesitate to order them by e-mail from: kurt.stephan@uibk.ac.at

Main topics of the XXVIIIth ISA Congress will include: Implantable Devices, The Role of the Efferent Auditory System, and Electronic Communication in Audiology. With these topics, which cover basic research, routine practice, and future developments in Audiology, we are certain to meet the interests of everyone engaged in our discipline.



Innsbruck, the Congress venue, is a middle-sized town in Central Europe, embedded in the intriguing scenery of the Eastern Alps. The beauty of the surrounding nature, the town's rich cultural heritage, and the breathtaking views down from the mountains (cable car up to 2300m = 7550ft sea level) make Innsbruck to a top tourist destination. In late summer, the climate will be pleasantly warm, and the town will breathe an atmosphere of vibrant life and relaxed sociability.

The local organizing committee is looking forward to see all of you at the XXVIIIth ISA Congress, while in the meantime we use our best endeavours to make it an exciting and informative event.

Log on to www.icaud2006.at for further information.





A. Charles Holland Foundation
CRS
Centre for Research and Studies



STUDENT SCHOLARSHIPS WILL BE AVAILABLE FOR 2006 CONGRESS

The Executive Committee of the International Society of Audiology (ISA) through the generosity of the A. Charles Holland Foundation is pleased to be able to offer the second annual scholarships for undergraduate or graduate students to attend and present a research poster at the XXVIIIth International Congress of Audiology, September 3-7, 2006 in Innsbruck, Austria. Once again an effort will be made to select scholars representing the diverse countries represented in the ISA membership. Scholars selected for the Phoenix Congress, represented Australia, Japan and the United States. This year, funds are available to support travel and housing as well as registration. Applicants will be asked to estimate travel expenses. Winners will be selected by the Scientific Committee of ISA utilizing the applicant's research work and application as the determining factors.

Sharon Cameron one of the student scholarship winners at the Phoenix Congress, wrote this note of thanks to the A. Charles Holland Foundation after attending ICA in 2004 and presenting her research.

"This is just a short note to thank the A. Charles Holland Foundation for providing me with a student scholarship to attend and present at the XXVIIIth International Congress of Audiology held in Phoenix, Arizona last month. It is no exaggeration to say that attending this conference surpassed my greatest expectations in respect to educational experience; international exposure for my work; and the opportunity to meet people from the audiological field that I had only read about in the past. During the conference I heard many delegates comment on the importance of providing such exposure to international students, and your generous sponsorship has certainly contributed to that goal."

Recently, Dr. Cameron wrote:

"I finished my PhD in February, and it was awarded with a Vice Chancellor's commendation, so I'm very relieved and happy. I'm now working at the National Acoustic Laboratories as a Research Scientist, in the area of pediatric auditory processing disorder. The test that I developed for my PhD (and spoke about at the ICA in Phoenix) was very successful in identifying APD, and we have now developed a commercial version called the Listening in Spatialized Noise Test - Continuous Discourse (LISN-CD; Cameron & Dillon, 2005), which is currently being trialed at a couple of universities in Australia and New Zealand, as well as with some audiology clinics here that specialize in APD assessment.



Sharon Cameron

I'm currently working on another version of the LISN test that hopefully can be utilized with young children, and I hope I'm able to present some information on this in 2006 in Austria. I'll also be really interested to find out about the work that the 2006 scholarship winners are involved in!"

The ISA Executive Committee is grateful to the A. Charles Holland Foundation for helping introduce new audiologists to audiology on an international scale. For the Innsbruck Congress, the number of awards will be dependent upon the travel expenses of the top students, but it is anticipated that 4 awards will be available. The deadline for submission is December 1, 2005 with notification of award by February 1, 2006. Instructions and Application will be published in the next AudiNews. For more information contact Sharon Fujikawa Brooks, Ph.D. at sfujikaw@uci.edu.



Editor's Note: Preparation of this article and the future distribution, gathering and processing of applications for the A. Charles Holland Foundation - ISA Scholarships is the responsibility of Past President Sharon Fujikawa Brooks. The ISA Executive Board appreciates her untiring efforts with this project.



HUMANITARIAN AUDIOLOGY: COMMITTEE PAGE

CHRISTI WISE (wiseaudiologist@yahoo.com)

The purpose of this section is to provide regular articles of interest, announcements and general information about humanitarian efforts throughout the world. This issue will focus on a program in Angola in Africa. If you are involved in a humanitarian project anywhere in the world, and would like to share information with us, please contact me.



Where There is No Audiologist: Creating Hearing Health Solutions in Angola Ron Brouillette, Consultant, Ministry of Health, Government of Angola (Ron_brouillette@yahoo.com)



Angola is ranked near to the last amongst the poorest of the world's least developed nations. A Southwest African country of around 14 million people, it is attempting to restructure following years of rampant afflictions: civil war, diseases and endemic poverty. Recent support for the development of a National Rehabilitation Programme has been provided by the European Union to the Ministry of Health, Public Health Division. The creation of a sustainable country-wide hearing health service is included in that support.

The Hearing Health Profile of Angola as reported in United Nations documents and in the Humanitarian Audiologists Group Survey of 2004 is as follows:

Human Development Index rank 164 out of 175 nations; Per capita income \$2,040 (due to oil exports) however over half the population lives on \$1.00 per day; Life Expectancy 40.2 years; Literacy Rate 42%; Combined School Enrollment 29%; 5 physicians per 100,000 (6th from bottom of 175 nations); 5% living with HIV/AIDS; 9 ENT doctors (some from Cuba); 3 locally trained audiometrists (hearing aid technicians); 0 audiologists, 15 speech / language teachers (logopedics); 0 speech therapists and 2 schools for the Deaf with total enrollment of around 450 students.

The strategy of the National Rehabilitation Programme is to utilize existing resources as a foundation of hearing health services and to build an appropriate and sustainable hearing health care system in incremental stages. The author was asked to visit Angola for two weeks every quarter to implement services based on similar strategies employed in Botswana, India and Viet Nam. The strategy typically utilizes technologies we have used for over two generations to teach skills to deaf and hearing technicians. Included in the project was the purchase of a mix of 548 hearing aids including 100 pocket aids (Siemens' A&M 102PPs), 100 digital, manually programmable BTEs (Siemens' A&M 22xp) and the balance Godisa rechargeable hearing aids and solar chargers. The hearing aids were purchased at an average cost of \$72. Four Godisa 425 portable clinical audiometers were also purchased.

Level One Training and Practice:

A three-day intensive training workshop was provided to twenty participants from the southern city of Benguela and the capital city, Luanda. The trainees included government ENT doctors, nurses, hearing aid technicians, teachers of the deaf, and six deaf older students, two of whom are hearing aid users. The initial training included basic otoscopy and pure-tone and speech assessment. The trainees were exposed to real life situations by asking them to assist at ear camps where over eighty hearing impaired people sought help.

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Hearing Health Solutions in Angola...continued from Page 6

Activities at the ear camps included:

- Otoscopy (Those with impacted Cerumen were referred for on the spot cleaning)
- Ear cleaning (sometimes took two days). Over 30% of the clients had impacted wax.
- Suspected otitis media or damaged tympana were referred to ENT or nurses for treatment.
- Pure-tone and speech audiometry (in rather noisy conditions around 40 - 50 dB)
- Production of impressions for earmolds by an experienced technician. However, this was his first time working at 30+C temperatures, thus creating a new set of learned skills.
- Fitting and adjusting hearing aids using temporary ear canal tips.
- Teaching teachers, technicians and users about solar battery chargers and hearing aid maintenance.

Those found to have a hearing loss were placed into priority treatment groups:

- Priority 1): Under 5 yrs old (averaged hearing loss between 50 - 85 dB) and some speech
 - Usually required further assessments by consultant
- Priority 2): Older children (averaged hearing loss between 50 - 85 dB) and some speech
- Priority 3): Children (averaged hearing loss between 75 - 115 dB) and some tonal speech
- Priority 4): Older children (averaged hearing loss between 75 - 115 dB) and some tonal speech
- Priority 5): Adults (Teachers of the deaf and some other adults were given higher priority)

The consultant fit the hearing aids with the help of two assistants (one experienced hearing aid user and a hearing aid technician) who conducted speech reception assessments and made adjustments to the fittings. During the first visit (December, 2004) over 55 audiograms were completed and 39 hearing aids were distributed. Earmolds for this group were produced by the Godisa technician in Botswana.

Level Two Training

In March 2005 the earmold technician, IT Mosime, from Godisa, Botswana, accompanied the consultant and ran a week-long course in earmold production using cold cure acrylic (foot-pump and pressure cooker) technique. A total of 25 earmolds were produced in the southern city of Benguela. Simultaneously, the second level of otoscopy and assessment training was conducted. A total of 85 students from the School for the Deaf and adults were assessed and 55 hearing aids (primarily body type) were fit. Four of the trainers who were successful during the First Level training and had some previous experience were taught to fit body worn hearing aids. An additional 45 impressions for earmolds were produced.

Level Three Training

In July 2005, the trainees perfected their skills assessing hearing and assisting in fitting hearing aids in both Benguela and Luanda. A set of 5 deaf earmold technicians was selected to take impressions and produce earmolds. The group produced 35 perfect earmolds during the week. To date a total of 88 hearing aids have been distributed in Luanda School for the Deaf and 25 earmolds have been produced. For the Benguela School for the Deaf, 108 hearing aids were fit and 35 earmolds produced.



Level Four Training

Four BTE hearing aids that were fit in December had battery contact and other problems. Additionally 8 of the volume controls on the pocket aids were broken. The technicians were shown how to make simple repairs (cleaning contacts) and to use the new FP 40 hearing aid analyzer to analyze output characteristics of the instruments that seemed to have microphone problems. While this forms only a part of Level Four Training, it was the first step in the process. Future plans include sending two technicians to Portugal for formal course work in audiology and to expand the hands-on training in the field.



THE RESEARCH MINUTE.....

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Telehealth for Audiologists

Telehealth is the provision of health services from one location to another using a telecommunications medium, typically a computer network, the Internet or dialup. Capacity is growing worldwide as practitioners are becoming acquainted with telehealth technology and its use for reaching rural and isolated communities. Professions engaged with telehealth technology include speech-language pathology, nursing, cardiology, radiography, otology, pharmacology, psychology, psychiatry, dermatology, and in some cases, audiology. Telehealth services that professionals have provided in the past include video otoscopy, counseling and diagnosis with interactive video, cognitive retraining, radiology interpretation, surgery via robotics and bio-terrorism monitoring.

Although audiologists have been slow to adopt telehealth, there are compelling reasons to use this medium. Interactive video is a cost effective tool that can be used to assess patients and to supervise the work of technicians trained to provide audiometric testing in rural health care centers. In another use audiologists can directly test patients at distant locations using remote computing or desktop application sharing software. Many audiometers, hearing aid systems, and cochlear implants are essentially computer peripherals whose systems can be interfaced to a computer network and controlled by a clinician in a location some distance away from the client. The implication of this technology is that audiologists in regional clinics could offer sophisticated hearing tests to infants, children, and adults in rural communities. In addition, telehealth offers greater continuity of services by linking records in local facilities with those of clinicians providing hearing health care services from distant locations.

The International Society of Audiology has several members involved with audiology telehealth technology either through research or direct clinical services. Smits et. al (2004) published work on the efficacy of providing the speech-in-noise test over the telephone. These researchers found essentially no difference between "face to face" and telephone based administration of this tests. Ferrari and her colleagues have launched audiology telehealth services in Brazil and presented their program this fall at the International Congress of Audiology (ICA) in Phoenix, Arizona. Jan de Lat also presented a report about an internet based hearing screening designed and implemented by researchers at the Free University Medical Centre in Amsterdam. Adrian Davis and his colleagues described a telephone based management system for clients which provides a variety of effective services for both screening and information management. The reader is also directed to the first 2005 volume of Seminars in Hearing that is solely devoted to telehealth.

It is notable that, while the benefits appear to be substantial, many issues regarding audiology telehealth need to be resolved including cost effectiveness, client acceptance, and the validity of telecommunications based services. At present, audiology telehealth research experiences the same weaknesses as telehealth research in general. These issues include small sample sizes and the lack of blind or double blind research paradigms. These are issues common to an emerging technology and hopefully will be addressed over time. Yet, telehealth seems to be a practical consideration for clinicians providing services to individuals in distant rural communities, and it may have special application when teaching and providing services in underdeveloped regions of the world.

Smits, C., Kapteyn, T. & Houtgast, T. 2004. Development and validation of an automatic speech-in-noise screening test by telephone. *Int J Audiol*,43, 15-28.

JUAN JOSE MADRIZ TO ASSUME EDITORSHIP OF THE AUDINEWS!!



The Executive Board of ISA is pleased to announce that Dr. Madriz of Costa Rica will take over the editorship of the Audinews from George Mencher with the first issue of 2006. Madriz has been active as a translator of the Spanish abstracts for the IJA, is a member of the Executive Board of ISA and has an extensive publication record. JJ, as he is called by those who know him, will continue to be assisted by an editorial board consisting of Christi Wise, Mark Krumm, David McPherson and Sanford Gerber. Madriz has indicated he wants to encourage members to submit ideas for new sections or articles for the Audinews. He and Ieda Russo of Brazil are developing a special section of the newsletter to be in Spanish and Portuguese. He would like encourage others to think of sections which might be dedicated to other broadly spoken languages. In view of our front page article dealing with Affiliated Societies, this seems to be an interesting, unique and timely idea.

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The Executive Board knows it speaks on behalf of all members when it expresses its appreciation to Dr. Madriz for undertaking this task and in wishing him the best of success in his effort. Please contact JJ Madriz with your ideas, concerns and recommendations at j13madriz@yahoo.com.

DUES NOTICES FOR 2006 WILL BE SENT OUT IN SEPTEMBER!
GOOD NEWS: THERE IS NO DUES INCREASE FOR 2006*
PAYING FOR TWO YEARS WILL SAVE YOU ADDITIONAL MONEY!!

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*Members pay \$65USD for 1 year or \$110USD for 2 years

Contacts: International Society of Audiology (www.isa-audiology.org)



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