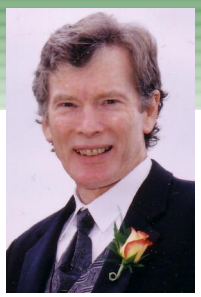

Dennis Van Vliet

Final Word

Whether fitting or running, follow a system

By Dennis Van Vliet

I have been running for exercise a couple of times a week for nearly 20 years. Fairly early in my running "career," I joined up with a bunch of my friends from the gym and ran a half marathon. I was nursing a couple of injuries at the time, and did not have a pleasant experience. I vowed to stick with short runs from then on.

Fast-forward to 2006: Megan Greenya, a fourth-year AuD student from Rush University, challenged her preceptor, Alison Grimes, to run the Orange County half marathon. Not to be outdone by my wife and her student, I volunteered to run along with them. Megan was a great motivator and we all finished without mishap.

I felt so good, in fact, that I picked up some brochures for the June 4 Rock 'n' Roll Marathon (a full one) in San Diego. With a little encouragement from my fellow American Academy of Audiology Foundation Trustees, I signed up and decided to use the marathon as a fundraiser for the Foundation. All that was easy. Now I needed to start training to run farther than I ever had in my life!

As it turned out, I found another one of my friends at the gym who had some marathon experience and wanted to sign up and train with me. We have adopted a disciplined schedule with one long run a week, and shorter runs and cross training for the remainder of the week. Following the advice of U.S. Olympian Jeff Galloway, we stick to a 4-minute run/1-minute walk routine throughout all the runs. I wasn't sure of the run/walk method at first, but it is much easier, and I finish the runs with less fatigue.

A DISCIPLINED STRUCTURE

Adopting a disciplined structure, and staying with it, can be of benefit in other pursuits in life, as well. My good friend David Hawkins would say that it works for golf, but I've never had the opportunity to learn golf, so I'm going to focus on hearing aids. As it probably is with golf, and certainly is for running, one can simply blunder out and get through 18 holes or run a few miles with some degree of success, even without much structure.

The same might be said for the process of fitting hearing aids. We can learn a few basic skills so that nobody gets hurt, hook up the hearing aids, follow the "push here" menu for a first-fit, and program hearing aids for the average person. Unfortunately, about half the people we see are below average, and most of the other half are above average. That means we have a good chance of getting it wrong most of the time.

Of course, we listen to the patients and do our best to fine-tune the hearing aids, but without structured objective measurement and standardized outcome measures to verify what we have accomplished, we really do not know how much we are helping, and we are wasting time.

There are well-designed standard-of-care protocols for fitting hearing aids, and they include objective measures for verification of audibility and output. (If I'm sounding redundant about a theme I have addressed in recent Final Word columns, thanks for noticing. Unfortunately, there are still too many of us blundering rather than measuring, so I thought I'd go after it again.)

MEASURING OUTCOMES

I have heard complaints that these measures often don't really tell us what to do when there are problems with a fitting. My answer to that is if we are following a standard-of-care protocol and begin with measures that tell us we have appropriate audibility, bandwidth, and output, we can be confident of the essential foundation of the fitting, and more systematically look to the other variables that may be affecting the user's perception. It is true that we do not have all the measurement tools we might wish for to tell us about the quality of a fitting. But that is not a reason to ignore the tools we do have because they don't give us all of the answers.

The final assessment of the outcome of a treatment plan that includes hearing aids really needs to come after the fitting process is complete, and the user has the opportunity to adapt to the hearing aids, and get beyond any immediate positive or negative impressions. Eyeball estimates of "satisfaction" or simple checkbook analyses of returns for credit do not yield the information we need to critically assess the job we are doing with our patients. A database of information using a standardized tool is very valuable for illustrating areas that may need improvement or areas that we can hold up as a good example of what we are doing right for our clientele.

Outcome measures can be implemented using a sample approach without assessing every patient, or in a more comprehensive manner to gather information for every patient. The work to gather and analyze the information may be more than a given practice can manage, but there are resources available for these tasks. For example, Neil Clutterbuck from Australia is developing a commercial service called "EARtrak" (www.eartrak.com) that offers confidential outcome data collection and analysis to practices in several countries.

The Final Word? A disciplined, systematic approach to hearing aid fittings that incorporates all of the elements of the standard of care builds a good foundation for effective treatment. The standard of care does not provide all of the answers, and is not meant to. An effective customized treatment plan incorporates the carefully planned basics along with the dynamic interactive processes necessary in the clinical environment with hearing aids.

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