GREETINGS FROM THE AUDIOLOGY (AuD) PROGRAM

“Hear What’s Happening” will be published biannually by the AuD Program at the CUNY Graduate, Center. We hope to maintain contact with each other, and keep students, faculty supervisors and alumni apprised of what is happening throughout the program.

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Past Events

• White Coat Ceremony – May 23, 2012

Congratulations to the Au.D. Class of 2012: Jillian Blinkoff, Ester Fogel, Katherine Gilmore, Claire Jakimetz, Lauren Kaplan, Patricia Mazzullo, Sabrina Mussawar, Swapna Nataraj, Chana Pinkerson, Claudyne Vielot, Yevgeniya Yubilier!!

• Keynote Speaker: Frank Musiek, Ph.D. Professor & Director of Auditory Research-Department of Communication Sciences; Professor, Department of Surgery (Otolaryngology) -School of Medicine University of Connecticut

• Robert Sweetow, Ph.D. Communication Needs Assessment – May 23, 2012


• Frank R. Lin, M.D., Ph.D. – Lecture on Hearing Loss and Cognition in Older Adults - September 28, 2012
Richard Einhorn

A composer of classical music, Mr. Richard Einhorn recently spoke at the Graduate Center about Experiences with Sensorineural Hearing Loss, Assistive Listening Devices, & More. Mr. Einhorn is a composer, a Grammy Award winner and a successful recording artist. His production of Bach Cello Suites with Yo-Yo Ma won a Grammy award for best instrumental performance. After suffering a sudden hearing loss in 2010, Mr. Einhorn has become an advocate about hearing loss, loop systems and hearing assistance technologies. He continues to compose today. Mr. Einhorn serves on an expert panel convened by Dr. Weinstein and Dr. Silverman, focused on improving counseling skills of Audiologists. What follows is a transcript of doctoral student-Abby Malawer’s interview with Mr. Einhorn.

1. Can you describe the onset of your hearing loss and its consequences?
Like probably all hearing problems, mine are complex. For most of my life, I had extremely acute hearing and made my living as a composer and classical record producer. I could hear the subtlest noises and problems with musical performances. Around 1990, I developed otosclerosis and tinnitus in both ears and by 1995; the otosclerosis became so severe in my right ear that I had a stapedectomy. This restored my hearing to near 100% (the tinnitus did not go away). My left ear continued to deteriorate, but I put off the operation. I now have about a 60-70 dB loss in my left ear.

One day in June of 2010, I had what I thought were allergies - my head was stuffed up and I felt a little dizzy. My ears were clogged. Despite getting more and more dizzy, I drove up to Massachusetts for a composing retreat. The next morning, I woke up with severe tinnitus and knew immediately that my right ear had gone completely deaf. I also had extreme vertigo. I went to the ER and was diagnosed with idiopathic Sudden Sensorineural Hearing Loss and put on prednisone. I recovered no usable hearing in my right ear but developed severe hyperacusis/recruitment - everything sounds loud and incredibly distorted, like a robot from a bad sci fi film I rely, therefore on my damaged left ear and wear a hearing aid. Because of the danger of going completely deaf if there is a problem with the operation, no surgeon will perform a stapedectomy on my left ear. Needless to say, the loss of my hearing, especially so suddenly, was deeply traumatic. Using a world-class custom earphone, I can still compose - and in fact have a major premiere at BAM in November - but can no longer produce or engineer music. Because I have only one (damaged) ear, I cannot localize sounds in space. I have enormous problems with speech in noise, especially in restaurants and parties. Because of the severe recruitment in my right ear, I wear a powerful earplug whenever I go out. However, there are times when the earplug is not enough - at noisy restaurants and once at percussion concert - and I’ve had panic attacks. As everyone knows who might read this, a serious hearing loss is deeply isolating and cognitively exhausting. If I have a lot of meetings during the day, I’m quite wiped out at the end in a very specific way, a kind of deep exhaustion that I never experienced before my loss.

That said, I have mostly a middle ear loss in my remaining ear, so the frequency response is relatively flat. Although I have only one barely functioning ear, I’ve met people with sensorineural losses that are far more debilitating than mine. I can hear both highs and lows and thus can compose with confidence. That said, the impact on my life has been profound and I make an extra effort to socialize and also to advocate for hearing issues. My background as a record producer, recording engineer, and composer means that I’m very comfortable with audio tech, and I’ve fashioned solutions for specific situations like parties and restaurants that work very well for me. I’ve taught these techniques to several other people, some with profound sensorineural losses, and they too have benefitted. This has been very gratifying and makes me think that many simple, straightforward techniques can be learned to make it possible for many people to hear better than they currently are able to do.

2) What are the two most important considerations for insuring adequate speech understanding in the presence of noise?
In my opinion, the best way to ensure optimal speech understanding is (1) use the proper equipment for the situation; and (2) use it properly. In hearing no one solution works well everywhere. It is situational.

For TV listening, I suggest using an induction loop system and tcoil-equipped hearing aids (NOT set to M/T but simply to T). There are other options, and I’ve tried a few of them, but a good loop system works the best for me. You need to determine if there is an acceptable level of electrical hum before you install the system, but if there is, a loop beats proprietary
solutions such as bluetooth TV
adapters and streamers, and costs far
less.

For restaurants, hearing aids simply
won’t work well in very noisy
situations. The mics in hearing aids
are too far away from the person
sitting across from you that you want
to hear - that’s the inverse square law.
And, as numerous experiments I’ve
run demonstrate, the signal
processing in hearing aids, no matter
how sophisticated, will only
marginally improve speech
comprehension vs simply moving a
mic closer to the signal source. Bottom
line: In restaurants, you need to get a
mic as close as possible to that
person’s mouth. Therefore, I take my
hearing aid out, plug some good ($100)
in-ear earphones into my iPhone
(earphones only, no headphones with
built-in mics), and run a hearing app
like SoundAmp R. I then move the
iPhone as close as I can to the person I
want to hear and adjust the signal
processing on the hearing app to fine
tune for speech comprehension. It
works remarkably well, far better than
hearing aids. A standalone device like
the Pocketalker from Williams Sound
would accomplish much the same
thing - but with lower quality sound!

Will these solutions work for nearly
anyone with mild to moderate/severe
losses? Acoustically, yes, I believe they
will; they are based on conventional
“best practices” in pro audio, my field.
However, someone might not have a
tCoal and therefore couldn’t use a TV
loop. Or someone might not feel
comfortable removing their aids and
using visible hearing assistance. Those
are different problems than the
acoustical problem. But strictly in
terms of sound, the problem is fairly
easily solved simply by using the
proper equipment for the situation
and using that equipment properly.
Part of my advocacy consists in urging
people to use visible, but unobtrusive
and attractive, hearing assistance -
that is, to do what they need to hear as
well as their ears will allow. Current
practices - i.e., merely fitting hearing
aids and assuming people will then be
able to hear well in many noisy
situations - do not take into account
the inescapable realities of acoustics.

It certainly is hard to get people to
change their behavior, but it is a lot
easier than changing a law of physics!

3) How did you manage to maintain
an optimistic outlook that you
would be able to continue to
compose and continue to enjoy
music following your sudden
hearing loss?
It is very hard. This is simply an
overwhelming loss, far more than I
could ever have imagined.
Psychologically, I cope by doing
exactly what I did before my hearing
problems - work as hard as I can to
hear as well as I can. My hearing may
be damaged, but, as always, I enjoy the
puzzle of figuring out how to make
things sound better.

I have, as mentioned, invested in no-
compromise audio technology for
hearing when writing music.
Composing is an act of imagination
more than an act of perception and I
hear well enough to spur my
imagination. I have no problems with
composing. My enjoyment of music is
greatly diminished, but again, I have a
very good imagination, and my
imagination is as vivid as ever! I have
to accept that my ability to produce
and engineer music is over and my
helpfulness at rehearsals is limited.
That is devastating to a professional
musician, but that is reality, and denial
is counterproductive for everyone. I
gulp hard, take a few minutes to feel
sorry for myself, and move on.

My issues are the same as everyone
else with hearing loss. But unlike
many people, apparently, I’m
completely open about my hearing
problems. Early on, whenever I’ve
tried to deny my hearing problems,
people were very exasperated by my
constant requests to repeat
themselves. So I don’t get in anyone’s
face about it but simply say, “Excuse
me, I have very bad hearing and if my
hearing aid won’t cut it, I may need to
use my iPhone to help me hear what
you’re saying.” I’ve never had a single
person object to my use of visible
hearing assistance, or even care.
Usually within 5 minutes, everyone’s
forgotten about it. As for wearing a
hearing aid, no one has ever noticed
I’m wearing an aid unless I first
pointed it out.

I know my attitude is very unusual,
but honestly, do you want your
hearing loss to be invisible? Just do
what you have to do to hear as well as
your ears will allow in a given
situation and the chances for many
people are good that no one will
notice your hearing problems.

4) Do you have any advice for
musicians and/or music-lovers to
protect their hearing while still
participating in what they love?
Hint to music lovers - nearly all the
musicians in the bands you love wear
hearing protection devices when
performing or going to concerts. So
should you. Those that don’t have
developed severe hearing problems
and some have had their careers
irreparably damaged, such as Pete
Townsend. So will you, if you don’t
protect your hearing. Not might. Will.

At any amplified event, rehearsals as
well as concerts, you simply must
wear earplugs and learn how to use
them. One extended exposure to loud
noise will permanently damage your
hearing. Believe me, you do not want
that! You need to learn how to wear
earplugs that seal the ears. There are
many different styles, including
custom molds. A good place to start is
either the Etymotic web site
(etymotic.com) or at earplugstore.com

Again, one sustained exposure to loud
noise will damage your hearing
permanently and that can create
numerous problems later on,
including significantly raising your
risk of developing Alzheimer’s. It is
easily preventable. Plug ‘em up!
Dr. Limor Lavie, PhD

Dr. Limor Lavie is a post-doctoral student who will be working with Dr. Weinstein at the Graduate Center this year. She received a BA in Speech and Hearing Disorders and an MA in Linguistics from Tel-Aviv University. Dr. Lavie than received her PhD from the Department of Neurobiology and Ethology at Haifa University.

1) You received your PhD in the department of Neurobiology and Ethology at Haifa University; how did you find yourself with those interests? What was your undergraduate background?

Actually, I received my PhD in "the graduate studies authority, the committee for doctoral students". In the University of Haifa, if there is no PhD program in your department, you work under this committee. In actual fact, my mentors were from the department of communication sciences and disorders (speech and hearing), and from the department of neurobiology & ethology.

My BA is in speech and hearing disorders and my MA is in linguistics, both from Tel-Aviv University. In my MA thesis I investigated linguistic theories in light of the phonological characteristics of oral speech in deaf native speakers. My main interest for many years is audiology and hearing rehabilitation and the greater part of my clinical work is with elderly hearing impaired patients.

2) You studied "monaural auditory training in the elderly" in the Laboratory for Functional Brain Imaging & Learning Research. Please tell us about your research and any subsequent impact.

I studied the influence of hearing aids use and auditory training on dichotic listening and on speech perception in noise in elderly hearing impaired subjects. Two main characteristics of older hearing impaired adults underlie this study: 1) one characteristic of older adult speech processing is deterioration in dichotic listening, with a large right ear advantage (REA) for speech due to a left ear deficit (LED).

These dichotic deficits and substantial LEDs are correlated with elderly peoples' difficulties to use binaural information effectively, specifically in speech perception in noise. Indeed, there is a significant correlation between dichotic scores and hearing aids satisfaction, mainly when hearing aids are used in noisy and multitalker environments.

The basic assumption of the study was therefore, that if we may improve dichotic listening in elderly hearing impaired patients, speech perception in noise will consequently improve as well. Thus we hypothesized that using monaural hearing aids in the left, non-dominant ear, during one month period, will diminish the left ear deficit (LED) and improve ear symmetry in dichotic listening in elderly hearing impaired participants. Another hypothesis was that using monaural hearing aids in the right, dominant ear will increase the LED and enlarge REA. We expected that the changes of the dichotic scores will be larger in monaural amplification compared with binaural hearing aids use, and that the influence of one month of monaural non-dominant hearing aid use will manifest in improved abilities when starting to use bilateral hearing aids (on the subsequent month). Another main assumption was that reducing ear asymmetry will influence speech perception in noise through improvement of binaural abilities. Our hypothesis was that hearing aids use will induce neuronal changes in the auditory system, which will manifest when tested without the hearing aids. In 3/4 of our participants auditory training was provided during the first month, and we hypothesized that training will increase the influence of hearing aids use, and the perceptual gains will be larger.

The results were very interesting, although our hypotheses were not completely met. Dichotic listening scores, mainly in the left, non-dominant ears (tested in un-aided conditions), improved significantly in the majority of our participants by 8 weeks of hearing aids use and onwards (that is, the improvement reached significance when all the participants used two hearing aids). Significant improvements were also observed for speech perception in noise (un-aided) with gains apparent after 4 weeks of hearing aids use. No group differences were observed in either dichotic listening or speech in noise improvements. We additionally found that the dichotic scores of the participants who received auditory training were significantly higher, mainly in the dominant ears.

Another very important finding was that simultaneous hearing aids fitting (bilateral fitting from day one) resulted in high levels of participants' compliance throughout the study period, while sequential fitting (one month monaural hearing aid use followed by bilateral fitting) resulted in abrupt reduction in compliance once the second hearing aid was added and inconsistent use of both hearing aids.

We believe that these results suggest the existence of neuronal
plasticity in the elderly central auditory system. The elderly auditory system may maintain high levels of plasticity following input modification such as hearing aids amplification and auditory training. The significant changes in the dichotic listening scores that were measured only during the time points in which all the participants were fitted bilaterally, suggests that using bilateral hearing aids not only improves binaural performance while using the hearing aids, but may also contribute to the ability of the auditory system to utilize binaural information such as that serving in dichotic listening, as tested in unaided ears. In addition, the importance of auditory training was proved once again, suggesting that training may enhance the acclimatization process by providing better conditions for enhanced perceptual learning. The results concerning patients' compliance emphasize the clinical importance of simultaneous over sequential hearing aids fitting.

3) Did you have any faculty mentors or other role models? How did you work together? What inspired you to follow the path you are on today?
I had two mentors: prof. Joseph Attias from the department of communication sciences and disorders, and prof. Avi Karni from the laboratory for functional brain imaging & learning research in the department of neurobiology & ethology. Working with them was very interesting because of the combination between their fields of interest: while prof. Attias, which is one of the eminent audiologists in Israel, focused on the audiological and neurotological aspects of the study, prof. Karni, famous for his researches on learning and neuronal plasticity, contributed his unique point of view on learning and training.

The motivation for the research emerged from the frustration almost every clinician experiences in clinical work: albeit the excellent hearing aids we use today, and with our knowledge increasing constantly, our patients keep on complaining that they face huge difficulties when attempting to understand speech in noisy and multitalker environments or when trying to understand rapid speech. I was hoping to better understand the reasons for these difficulties and maybe to open a small aperture towards the path for a solution.

4) Since obtaining your PhD, where are you working and what is your focus?
I am working as a clinical audiologist for many years and I have been running many audiological clinics, both in a hospital and in private organizations. In addition, in the past 7 years I lecture in the department of communication sciences and disorders in the University of Haifa, where I have been teaching courses in audiology, hearing aids and hearing rehabilitation and neurotology. I believe that what I learned during my doctoral studies together with the results of my research changed my professional point of view and improved my clinical work. I hope that I additionally changed the practice and knowledge of other clinicians who work with me or heard one of the talks I gave.

5) How do you go about obtaining data for your research?
I run a very busy speech and hearing clinic, with patients of a variety of ages: babies, children and adults. Large portion of my patients are elderly hearing impaired who need rehabilitation and seek for hearing aids. These are the patients to whom I can offer to participate in my researches.

6) Do you have any advice for students in the clinical doctoral program for Audiology?
We have a fascinating profession, yet a very difficult one. A good clinician should be very patient, and combine knowledge, common sense and creativity together with empathy. In the clinic we encounter many patients who are anxious, impatient or not completely satisfied with the outcomes of their hearing aids. I believe that the vast majority of them complain when their needs and difficulties are not met, and not because they are bothersome persons. Our job is to find the solutions - technical, psychological, behavioral - whatever works. And if solutions can be merely partial, we have to find the best ways to explain and to set up realistic expectations for our patients. We should listen carefully to our patients. Sometimes, in the long chain of medical stuff, we are the only link who really listens, and our patients need this attention and appreciate it. When we learn to listen we can be taught to find the optimal solutions for our patients' needs. Moreover, human beings are interesting and often have interesting life stories, and I find that listening to my patients not only improve the way I work but also adds interest to my daily practice. It is additionally very important that clinicians will constantly continue to read and study, because our profession keeps changing, and the scope of our knowledge expands continually. When we read and look for updates we improve the treatment afforded to our clients, and we can continuously grow to be better clinicians.
Dr. Frank Lin, MD, PhD

Dr. Frank R. Lin is an Assistant Professor of Otolaryngology-Head & Neck Surgery and Epidemiology at John Hopkins Hospital. His research focuses on how hearing loss affects the health and functioning of older adults, and how hearing loss may be associated with cognition, dementia, functional decline, and social isolation. Dr. Lin studies data from the National Health and Nutritional Examination Surveys (NHANES), the HealthABC study, and the Baltimore Longitudinal Study of Aging (BLSA). Dr. Lin shared information with our AuD students and faculty about his passions—epidemiology, research, healthy aging, cognitive correlates of hearing loss in older adults and database mining. What follows is an excerpt from an interview with Dr. Lin.

1) What is the most important take away message for AuD students committed to improving the lives of older adults with age related hearing loss?

You need to think big and outside what constitutes the "usual" aspects of audiology and understand how hearing loss could impact cognitive, physical, and social functioning. Most importantly, we always have to remember that the goal of hearing loss treatment is *not* simply to fit a hearing aid but instead to ensure that a patient can communicate effectively in all settings. By definition, then, this requires a comprehensive approach incorporating amplification, hearing rehabilitative counseling, use of telecoils and loop systems, and other ALD's as dictated by the patient’s needs. For the AuD in private practice, the hard part is figuring out how to build your practice/business so that you can remain provide this approach to all patients while remaining financially successful.

2) What resources can you recommend to students to promote grant and research proposal writing skills?

Mentorship, mentorship, mentorship. If you’re serious about research, there’s no substitute for finding the right mentor that can guide you down this path.

3) How can Otolaryngologists and Audiologists collaborate to promote recognition of the consequences of hearing loss and the importance of health promotion activities designed to identify older adults with age related hearing loss (ARHL)?

We need to begin by engaging everyone else--general practitioners, geriatricians, nurses, social workers, etc. --to educate them about what hearing loss is, how it presents and manifests, its functional consequences, and how treating hearing loss is complex. More importantly, we need more otolaryngologists and audiologists who are committed to doing research that bridges the gap between our disciplines and the broader aspects of public health.

4) You claimed to wear two hats, a scientific and a clinical hat. How do you know when to wear which hat?

To be honest, I always wear both. It’s more a matter of which approach I take depending on what the question is at hand. Everything that my research program focuses on addresses those 3 basic questions about ARHL that I discussed in my lecture. While studying the consequences of hearing loss in older adults and investigating the impact of our treatments requires more of a disciplined epidemiologic and scientific approach, the question of how best to treat hearing loss in the community gets more at advocacy and changing our current paradigm of how we think about hearing loss and how it should be best addressed.
Cohort Updates

Congratulations to Recent Graduates on their New Employment

Jillian Blinkoff – John Hopkins
Esther Fogel – Long Island Jewish Medical Center
Katherine Gilmore – ENT and Allergy Associates
Claire Jakimetz – Private Practice in Connecticut
Lauren Kaplan – New York Eye and Ear Infirmary
Patricia Mazzullo – ENT and Allergy Associates
Sabrina Mussawar – New York Eye and Ear Infirmary
Swapna Nataraj – Montefiore Medical Center
Chana Pinkerson – Expecting 2nd child so not working as an audiologist yet!!!
Claudyne Vielot – AudioHelp/Sheepshead Bay Office
Yevgeniya Yubliler – ENT and Allergy Associates

Student Academy of Audiology (SAA) News

• September 30, 2012 – Au.D. students participated in Walk4Hearing sponsored by the Hearing Loss Association of America. The 5K walk took place through Riverside Park, and the students raised a combined total of $2,158!!

• A note from 1st Year Student – Shanna Hymowitz - On Sunday September 30th the CUNY Graduate Center Audiology Program was one of many participants in the Walk4Hearing; a 5k walk taking place in Riverside Park. As a first year student in the Audiology Program this was my first experience at the Walk4Hearing. It was great to see various schools and groups attend Walk4Hearing to help raise money for the Hearing Loss Association of America. The CUNY Graduate Center showed its support by creating a CUNY SAA team made up of both students from the four cohorts and professors. With many donations we were able to raise over $2,000!
Student, Faculty, and Alumni News

- A big welcome to the 2016 cohort who hail from a variety of Universities across the country.

  *Research* - Dr. Barbara E. Weinstein and Dr. Carol A. Silverman recently received a grant from the CUNY Dean of Health Sciences to investigate ways to improve history taking and counseling skills of Au.D. student clinicians. Clinical counseling sessions with expert panelists were filmed as best practice scenarios and will be used as teaching tools for Au.D. students. Weinstein and Silverman with the help of the expert panel developed a series of tools for evaluating counseling skills of AuD students which will be used to evaluate the efficacy of the “intervention” they designed to promote counseling skills.

- *Letter from Alumni*

  Hi Dr. Weinstein,

  I hope you are well. I just wanted to send you a message to describe how excellent our education was at your program. You and your colleagues really prepared us for the working world! At the private practice I’m working at, I see a lot of different things on a daily basis from retrocochlear red flags, to in-depth counseling, to detailed hearing aid fine tuning. I’m definitely learning more and more, but I feel prepared to take on each challenge because the knowledge foundation and clinical experience offered at CUNY is so strong. Hoping you are enjoying the new term. Whenever autumn rolls around, I tend to miss school a little bit! Please extend my best to all.

  Regards,
  Claire Jakimetz
  Class of 2012
Dear Dr. Weinstein:

The purpose of this letter is to express our appreciation for the work performed by Dr. Wissner and her students recently. As a parent, I can honestly say that words are inadequate at this time. Have a son with a disability is like having your heart exposed and vulnerable to the misunderstanding and even the prejudice of “able” people.

Billy suffered a concussion when he was only 18 months old and has been diagnosed with benign rolandic epilepsy, executive function disability and auditory processing deficit. He struggles in school and is a shy and overly sensitive 16 year-old. We have been relentless in our search to help our son. When we learned about the work of Dr. Frank Musiek, we contacted him. In turn, he immediately referred us to Dr. Wissner. Now I know why.

Dr. Wissner went beyond any of our expectations. I sent her and she read the many reports we have on Billy (16 years’ worth of testing). She asked pointed questions, which led me to conclude that she had studied, not just the result but the methods used in testing.

When we arrived, for testing on May 10, 2012, everyone was well prepared. The students were eloquent and Dr. Wissner was supportive. The team made Bill feel welcomed. The students were confident and organized; they had the forms ready to go and were very clear when explaining the process. Once the concluded the testing, they took time in explaining the results and even why the methodology that they used was a good gage that narrowed down the processing part. Dr. Wissner and her students were professional, kind and respectful. More than that, it was obvious there was a true vocation or calling. You have to be very proud of having such professionals in your organization.

Sincerely,

OF

• Excerpted from a patient encounter:

Although a primary focus of the client/audiologist relationship is selecting HA’s and ALD’s, my experience has been that the human dynamic, critical in determining best lifestyle fit, is almost always eliminated from sessions. I think it’s a great message to highlight the importance of this dynamic.

My relationships with audiologists have often felt very one-sided. The audiologist tests, makes the assessment, and prescribes technology.

This was not the case in this session when I met with Professor Weinstein and her students. I felt the issues I presented were valued (i.e. feeling prolonged deafness was contributing to sensory deprivation, less accuracy in speechreading, etc.) and were the catalyst for experimenting with
different options. Rather than the audiologist taking the lead and handing out tech, the interaction felt much more collaborative.

One of the things I remember most from the session is the image of Dr. Weinstein plowing through a pile of ALD’s, wires, batteries, ear molds, etc., trying to enhance my receptive communication. A great message for the patient...not only that the hearing health professional is determined to help, but that they obviously enjoy their work. Also, that the patient’s feedback is welcomed and deemed critical to the partnership.

Obviously the session was personally significant in that Dr. Weinstein found a way to put ‘sound’ in to my ear, something I hadn't experienced for many years. Hearing loss is an enormous loss...like losing a limb, or a dear friend. To suddenly regain that loss, at least in some sense, feels very much like a miracle. After being told for many years by audiologists/ENT’s that I’d never hear again and then to have this experience (along with receiving a hearing aid in left ear one year ago) is a huge lesson for all of us. Try anything and everything.

My experience was so mindboggling (like losing one's hearing) that I’ll need time to process what happened, despite the fact that results might be significant in terms of sound/brain stimulation. I think it's just human nature, and allowing me the time and support to process will result in a better outcome and adjustment, I am sure.

Contributions to the AuD Program

PLEASE CONSIDER DONATING

Thanks to those of you who have donated to the AuD Program at the Graduate Center, CUNY. Please remember in your donations to earmark the funds to support the AuD Program. Donations to the AuD Program can be made to:

Online
https://community.gc.cuny.edu/program_funds

By Mail
Please make your check payable to The Graduate Center Foundation, Inc.
Note “Audiology” on the memo line.

The Graduate Center
Office of Institutional Advancement
365 Fifth Avenue, Suite 8204
New York, NY 10016-4309

Thank you for considering a donation, which will help support continuing education activities for students, supervisors, and alumni.
Important and Upcoming Events

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<td>Tuesday, November 20, 2012</td>
<td>Doctor of Audiology Information Session</td>
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<tr>
<td>Tuesday, November 27, 2012</td>
<td>Hearing Loop Lecture</td>
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Alumni are encouraged to share their activities and any professional developments – including interesting cases! Please share! Thank you.

- Audiology Newsletter Submission Deadlines:
  - Spring Newsletter: January 15, 2013
  - Fall Newsletter: August 15, 2013

Please send your submissions to:
CSanjamino@gc.cuny.edu

A special thanks to: Yuliya Borik, Shanna Hymowitz, Arta Kovacevic, Abby Malawer, Jennie Noska and Marisa Viets for assisting Dr. Weinstein and Ms. Sanjamino in the preparation of this Newsletter.