

17th Annual Conference and Exhibition



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Letter from the Conference Committee Co-Chairs

On behalf of the Conference Organizing Committee, we are honoured and delighted to welcome you to the 17th installment of the annual meeting of the Canadian Academy of Audiology in stunning Whistler, British Columbia! The conference is Canada's largest annual event dedicated to the science and practice of audiology, and it gives participants the opportunity to learn about the most recent advancements in hearing and balance science, share best practices, reacquaint with colleagues and old friends, establish new connections, and shape the direction of audiology in Canada.

There are few highways in the world with as much awe-inspiring scenery as the Sea-to-Sky highway – what a fantastic way to begin this year's conference. Nestled at the base of Blackcomb Mountain, the meeting takes place at the landmark Fairmont Chateau Whistler; an ideal setting for CAA 2014.

The education program for the conference features an array of recognized leaders in audiology from across the globe who are eager to share their latest research findings and perspectives. Opening the conference, Dr. Dave Fabry will review the transforming retail landscape in audiology, with discussion topics to include the on-going shift away from “mom and pop” hearing clinics to chains and the role (or threat as some see it) of personal sound amplifiers (PSAPs). Dr. Fabry is an amazing and dynamic speaker and has been a respected industry leader for over two decades. Day 2 begins with Dr. Theresa (Terry) Chisolm discussing the benefits and limitations of evidence-based audiology when designing individual patient plans. Dr. Chisolm exemplifies what it means to be an educator and researcher, and her dedication and enthusiasm for audiology is sure to inspire. Day 3 will begin with a plenary presentation by Dr. Kelly Tremblay on the aging brain and the aging auditory system. Dr. Tremblay excels at conducting translational research that is clinically relevant, and has published over 80 peer-reviewed articles. This year there are two exciting pre-conference workshops with teams of world class presenters: A) Tinnitus Principles and Practice and B) Revolutionizing Audiologic Rehabilitation Using Approaches from Health and Social Psychology to Facilitate Adjusting to and Living with Hearing Loss.

In addition to our power-packed lineup of plenary and session speakers, there is the world-class trade show and exhibit hall, the poster and podium sessions, and the silent basket auction (the proceeds of which fund the Clinical Science Award). Wednesday evening opens with a Welcome Reception, on Thursday night there is the Exhibitors' Wine and Cheese reception featuring a “Sticky Fly” fundraiser for the student honourarium. Not to be missed, the “Whistler Tasting Tour” takes place on Friday night and features amazing cuisine from some of Whistler's top chefs.

As the conference co-chairs, we recognize that the success of the conference critically depends on a dedicated team. We are grateful for the contributions from our amazing Executive Director Jean Holden and Administrative Assistant Kathryn Knight together with David, Marianne and the team from Meeting Management Services (MMS). Our special thanks also go to Philippe Fournier and Angela Weaver for the various contributions. We are also grateful for the energy and efforts of our student volunteers.

Our conference would not be possible without the ongoing support of our sponsors and exhibitors who are acknowledged within this program.

In closing, on behalf of the Board of Directors and Conference Committee of the Canadian Academy of Audiology, we wish you a top-notch and memorable conference experience. Welcome to Whistler!

Gurjit Singh, Ph.D., Aud(C), Reg. CASLPO
Barb Bentley, Au.D., Reg. CASLPO

Program - October 15th to 18th, 2014

Wednesday, October 15th

10:00 am – 7:00 pm Frontenac Foyer	Conference Registration
11:00 am – 5:00 pm Frontenac A	Pre-Conference Workshop A Tinnitus: Principles and Best Practice • Glynnis Tidball • Richard Tyler • Carol Bauer
11:00 am – 5:00 pm Frontenac B	Pre-Conference Workshop B Revolutionizing Audiologic Rehabilitation Using Approaches from Health and Social Psychology to Facilitate Adjusting to and Living with Hearing Loss • Kathy Pichora-Fuller • Gaby Saunders • Paul Mick • Gurjit Singh • Arlene Carson • Ariane Laplante-Lévesque
1:00 pm – 2:00 pm Frontenac C	Pre- Conference Lunch
3:30 pm – 3:45 pm Frontenac C	Pre-Conference Refreshment Break
5:00 pm – 6:00 pm Empress C	Student Meeting & Reception
5:30 pm – 7:00 pm Frontenac ABC & Foyer	Welcome Reception

Thursday, October 16th

8:00 am – 6:00 pm Frontenac Foyer	Registration
9:00 am – 11:00 am Frontenac ABC	Session 1 Opening Keynote Avoiding commoditization of Audiology in the hearing aid distribution process • Dave Fabry
11:00 am – 11:15 am Frontenac Foyer	Break, Posters, and Networking Opportunities
11:15 am – 12:30 pm Frontenac A	Concurrent Morning Sessions Session 2 The Role of the Audiologist in the Interventional Audiology Movement • Brian Taylor
 Frontenac B	Session 3 Auditory Processing Disorders in Children • David Moore
 Frontenac C	Session 4 Outcome Measures: What can they tell me that my patient can't? • Gaby Saunders

12:30 pm – 1:00 pm Frontenac Foyer	Members AGM Registration
1:00 pm – 2:30 pm Frontenac ABC	President's Lunch and AGM
3:00 pm – 4:15 pm Frontenac A	Concurrent Afternoon Sessions Session 5 Tinnitus Retraining Therapy – Evidence for Efficacy • Carol Bauer
 Frontenac B	Session 6 What Every Audiologist Needs to Know About Autism Spectrum Disorders (ASD) • Gail Whitelaw
 Frontenac C	Session 7 The Hearing Loss Epidemic: Implications for Healthy Aging • Paul Mick
4:15 pm – 6:45 pm MacDonald Foyer	Exhibitor Reception

Friday, October 17th

8:00 am – 6:00 pm Frontenac Foyer	Registration
9:00 am – 10:30 am Frontenac ABC	Session 8 Plenary Presentation Evidence-Based Audiology: Benefits and Limitations for Your Patient’s Intervention Plan • Theresa Chisolm
10:30 am – 3:00 pm Macdonald BCDE	Exhibit Hall
10:30 am – 10:45 am Macdonald BCDE	Morning Refreshment Break in Exhibit Hall
12:15 pm – 1:15 pm Macdonald BCDE	Lunch in the Exhibit Hall
1:30 pm – 2:30 pm Macdonald Foyer	Poster Presentations and Evaluations

3:00 pm – 4:15 pm Frontenac A Frontenac B Frontenac C	Concurrent Afternoon Sessions Session 9 Everything I know about Hearing Loss – Part 1 • Mead Killion Session 10 Podium Sessions Session 11 Use of the Extended Speech Intelligibility Index (ESII) and the Hearing In Noise Test (HINT) to Quantify Functional Hearing Ability • Sig Soli
4:15 pm – 5:30 pm Frontenac A Frontenac B Frontenac C	Concurrent Afternoon Sessions Session 12 Everything I know about Hearing Loss – Part 2 • Mead Killion Session 13 Management of Older Adults with Hearing Loss and Dual Sensory Loss: Insights from the Blue Mountains Hearing Study and Dual Sensory Loss Study in Australia • Catherine McMahon Session 14 Communicating Audiologic Findings in the Medical Setting • Virginia Ramachandran

Saturday, October 18th

8:00 am – 2:00 pm Frontenac Foyer	Registration
9:00 am – 9:05 am Frontenac ABC	Poster Award Presentation
9:05 am – 10:30 am Frontenac ABC	Session 15 Plenary Presentation Aging Ears and the Aging Brain: Information about the Brain for the Clinician • Kelly Tremblay
10:30 am – 10:45 am Frontenac Foyer	Morning Break and Networking Opportunity
10:45 am – 12:00 pm Frontenac A	Concurrent Morning Sessions Session 16 Hearing Restoration: A Surgical Perspective • Jane Lea
 Frontenac B	Session 17 Hyperacusis and Misophonia in Clinical Practice • Glynnis Tidball
 Frontenac C	Session 18 The Life of the Inner Ear • Sumitrajit Dhar

12:15 pm – 1:15 pm	Buffet Lunch
1:30 pm – 2:45 pm Frontenac A	Concurrent Afternoon Sessions Session 19 Early Spoken Language Development Following Pediatric Cochlear Implantation: Direct Comparison of Non-tonal (English) and Tonal (Mandarin) Language Development • Sig Soli
 Frontenac B	Session 20 Occupational Hazards of Delivering Health Care: Stress and Burnout • Kathy McGilton
 Frontenac C	Session 21 Assessing the Impacts of Age, Hearing Loss, and Brain Injury on Central Auditory Function • Erick Gallun

Abstracts

Pre-Conference Workshop A

Tinnitus: Principles and Best Practice

Glynnis Tidball; Richard Tyler; Carol Bauer

Wednesday, October 15th, 2014 | 11:00 am – 5:00 pm | Frontenac A

Knowing what to say and how to help patients find the right solution to manage tinnitus is a challenging area of audiologic practice, one that often requires more time and expertise than many of us feel able to provide. Patients turn to us for answers to their tinnitus questions: “Why do I hear this noise in my head? What pill can I take to stop it? Why did my physician tell me I need hearing aids when it’s the tinnitus that makes it hard to hear? And what about this treatment from Germany I read about?” We bring out our hearing instruments. Which one is best? How do we program hearing aids for tinnitus? Are hearing aids sufficient to manage tinnitus? What do I do if the patient has mental health issues? Acronyms float in our head: What about TRT? PTM? CBT? MBSR? Where do we send patients who need more than what we can offer?

This pre-conference workshop will provide participants with an up-to-date review of the theoretical and clinical aspects of tinnitus care. Topics covered will include models of tinnitus mechanisms and generation, medical management of tinnitus, current and prospective treatment and management options, and the best practice guidelines based on current evidence and clinical experience. We will also discuss how best to direct patients to appropriate resources for funding and multidisciplinary care.

Learning objectives:

- Provide patients with current theoretical and evidence-based information on tinnitus and its management
- Provide patients with tools and strategies to effectively manage tinnitus
- Direct patients to appropriate resources for funding and specialized care

Pre-Conference Workshop B

Revolutionizing Audiologic Rehabilitation Using Approaches from Health and Social Psychology to Facilitate Adjusting to and Living with Hearing Loss

Kathy Pichora-Fuller; Gaby Saunders; Paul Mick; Gurjit Singh; Arlene Carson; Ariane Laplante-Lévesque

Wednesday, October 15th, 2014 | 11:00 am – 5:00 pm | Frontenac B

Many individuals with hearing loss not seek or get the help they need to function well in everyday life and achieve their quality of life aspirations. Health and social psychology approaches have been effectively used in programs for people living with a wide range of other chronic health conditions. Applying these approaches, audiologists may be able to reduce delays in help-seeking, predispose and accelerate readiness for action-taking, support behavior change by the person and communication partners, and design follow up to maintain benefits and prevent relapse. Part 1 of the workshop will familiarize audiologists with health psychology models of behavior change that are inspiring new approaches to audiologic rehabilitation. Pichora-Fuller will introduce the general concepts and Saunders and Laplante-Levesque will examine the application in audiology of the Health Belief Model and the Stages of Change Model. Part 2 will showcase illustrations of what the new AR revolution might look like if the application of a health psychology approach were more widely adopted to address the many unmet needs of people who are hard of hearing. Carson, Singh and Mick will explore re-framing hearing health care with emphasis on social support, community involvement and inter-professional efforts to promote healthy aging.

Learning objectives:

- Learners will be able to explain the Health Belief Model and the Stages of Change Model with examples from audiologic rehabilitation.
- Learners will be able to explain how hearing loss may be related to other health issues.
- Learners will be able to develop plans for bolstering the engagement of family and community members in providing social support for people who are hard of hearing.

Session 1 - Opening Keynote

Avoiding Commoditization of Audiology in the Hearing Aid Distribution Process

Dave Fabry

Thursday, October 16th, 2014 | 9:00 am – 11:00 am | Frontenac ABC

Commoditization has been cited as one of the greatest risks for any healthcare provider in the 21st century. Essentially, technology threatens to usurp the role of the clinician, unless professional expertise is valued as a differentiating factor on outcome. This session will review the current situation with regards to hearing instrument dispensing, and discuss threats and opportunities for the Audiology. Topics will include internet and PSAP sales, threats from “Big Box” stores and third-party payment, and the emergence of the Baby Boomer generation as the dominant patient population for hearing instrument sales. Audience participation is strongly encouraged.

Learning Objectives:

- Participants will learn about conventional and alternative distribution pathways for hearing instrument sales in North America.
- Participants will discover threats and opportunities for the Audiology by focusing on enchantment, rather than mere satisfaction, for patient outcomes.
- Participants will identify strategies for focusing on the Baby Boomer generation with regards to hearing aid.

Session 2

The Role of the Audiologist in the Interventional Audiology Movement

Brian Taylor

Thursday, October 16th, 2014 | 11:15 am – 12:30 pm | Frontenac A

There is a growing awareness in the role hearing loss of adult onset has on public health, long term wellness and healthy aging. This concept is commonly referred to as interventional audiology. This course will review the relationship between hearing loss, healthy aging and public health. The clinical audiologist's role in this emerging healthcare system, and the opportunities for practices to position themselves as the pillar-of-community with respect to these trends, will be discussed.

Healthy aging is best described as the ability to maintain optimal health as we age. In other words, looking and feeling like you are 45, even though your chronological age might be over 80. We now have some of the first well-designed longitudinal studies suggesting there is a systematic pathway through which age-related hearing loss contributes to accelerated declines in the cognitive and physical functioning of older adults. Through this line of research we are beginning to understand that age-related hearing loss may actually accelerate some disabilities such as cognitive dysfunction and vestibular impairment. The prevalence, co-morbidity and disabling effects of hearing loss underscore the need for aggressive preventive programs that identify conditions such as hearing loss which threaten health outcomes in some of the other areas, such as quality of life, physical functioning and even earning potential.

Additionally, interventional audiology may require the profession of audiology to create new and novel ways to deliver clinical services. This may necessitate a “back to the roots” strategy in which tools such as aural rehabilitation, auditory training and motivational interviewing are combined with new technology like smartphone apps to create value for younger patients with milder degrees of hearing loss.

Learning Objectives:

- Operationalize the age-related, co-morbidity research presented in this seminar so that you may attract more patients to your practice and successfully address their needs
- Describe the public health significance of age-related hearing loss and its relationship to healthy aging.
- Discuss comprehensive hearing rehabilitation strategies for adults of all ages and how they may be implemented in a private practice
- Consider how to engage with other health care professions to raise awareness on issues related to hearing loss and healthy aging.

Session 3

Auditory Processing Disorders in Children

David Moore

Thursday, October 16th, 2014 | 11:15 am – 12:30 pm | Frontenac B

Auditory processing disorders (APD) may be broadly defined as listening difficulties in the absence of hearing loss. It has been reasoned that, because the cochlea functions normally, APD must arise through malfunction of the central nervous system. In several professional society position statements, APD has been considered primarily a problem of sensory, ‘bottom-up’ processing. This is the way the central auditory nervous system (CANS) codes, transforms and interprets neural signals arising from the cochlea and involved in simple (e.g. temporal processing) and complex (e.g. speech perception in noise) auditory tasks. However, increasing evidence over the last 5 years suggests that impaired performance on these same tasks may primarily reflect ‘top-down’ modulation of auditory perception by multimodal cognitive systems including attention, memory and learning. A third perspective is that both sensory and cognitive processes are involved in all aspects of hearing, and that they cannot be segregated. Most current clinical tests for APD involve language-based testing that necessarily involves brain mechanisms beyond the CANS. An important professional issue is whether audiologists can or should test for these higher-level functions. Recent findings suggest that, while most APD is primarily top-down, impaired temporal processing in the cochlea and brainstem may also be involved.

Learning objectives:

- Convey brief history, presentation, and hypothesized nature of developmental APD.
- Discuss more general interaction between hearing, listening, cognition and language.
- Ask whether APD could result from a newly discovered ‘hidden hearing loss’, a mild form of auditory neuropathy.

Session 4

Outcome Measures: What can they tell me that my patient can’t?

Gaby Saunders

Thursday, October 16th, 2014 | 11:15 am – 12:30 pm | Frontenac C

While most audiologists acknowledge the value of measuring hearing aid outcomes, remarkably few routinely do so. The reasons are somewhat understandable – a lack of time during clinic visits, an overwhelming choice of measures, and possibly uncertainty as to what to do with the data once they are collected. In order to address some of these issues, practical ways in which measurement of hearing aid outcomes can be used to enhance evidence-based practice will be described. This will be done within the framework of the World Health Organization’s International Classification of Functioning, Disability and Health (ICF) because the ICF provides a rationale for assessing outcomes measurement in different domains. As a result, audiologists will be able to more knowledgeably select the most appropriate measure(s) for the purpose at hand. Specific examples of outcome measures in each outcome domain will be described and evidence demonstrating their value in clinical practice will be presented. It is the goal of this presentation to convince the audience of the value or even necessity of measuring hearing aid outcomes for every hearing aid fitting and to suggest ways in which this can be achieved in a time- and cost-efficient manner.

Learning Objectives:

- List three reasons for routinely measuring hearing aid outcomes
- Select outcome measures appropriate for the task at hand
- List two behavioral and two self-report hearing aid outcome measures

Session 5

Tinnitus Retraining Therapy – Evidence for Efficacy

Carol Bauer

Thursday, October 16th, 2014 | 3:00 pm – 4:15 pm | Frontenac A

There is a significant clinical need to develop effective therapies to treat chronic bothersome tinnitus. The incidence and prevalence of chronic debilitating tinnitus is increasing, primarily because of noise-exposure in recreational and military settings. Although there is a long history of using counseling and sound therapy to treat tinnitus, there have been few clinical trials investigating the efficacy of these interventions. Factors impacting clinical trials include use of appropriate controls, the placebo effect, metrics with sufficient sensitivity and specificity to detect clinically relevant improvement, and limited funding for tinnitus research. In consequence, there has been little advancement in the clinical science of applied tinnitus treatments in recent years. Tinnitus retraining therapy has been popularized worldwide, although the evidence for treatment efficacy has been restricted to Levels 3, 4 and 5 data. The scientific rationale for treating chronic tinnitus with counselling and acoustic stimulation will be presented. The technique of tinnitus retraining therapy (TRT) as proposed by Jastreboff and Hazell will be reviewed. (Continued)

The challenges inherent in investigating treatment efficacy using valid, well-controlled trials will be presented. Finally, data from two clinical trials investigating the effect of tinnitus re-training therapy on chronic tinnitus will be presented.

Learning Objectives:

- At the conclusion of this presentation, learners will understand the basic elements of tinnitus retraining therapy.
- Learners will be familiar with the challenges inherent in conducting valid clinical trials that assess treatment efficacy for chronic tinnitus.
- Learners will have increased knowledge of current outcomes data comparing TRT with standard of care aural rehabilitation

Session 6

What Every Audiologist Needs to Know About Autism Spectrum Disorders (ASD)

Gail Whitelaw

Thursday, October 16th, 2014 | 3:00 pm – 4:15 pm | Frontenac B

Currently estimates by the Centers of Disease Control and Prevention indicate that 1 in 68 children are identified as having an autism spectrum disorder (ASD). Based on these demographics,

audiologists are certainly involved in the evaluation and treatment of children with ASD and their families. In some cases, the audiologist will be the first professional to evaluate a child with ASD due to initial concerns regarding communication. In other cases, the audiologist will be involved in providing information regarding about hearing and how this impacts the child's communication abilities. Dual diagnosis of hearing loss and ASD must also be considered. This session is designed to address the major aspects of working with children with ASD, with a focus on providing practical suggestions with this population. A brief overview of current diagnostic criteria will be provided. Myths and facts regarding hearing and listening behaviors will be discussed and evidenced based research will be provided to support clinical approaches. Specific approaches that will enhance the amount information that is obtained during the assessment will be presented. Treatment recommendations will be discussed. Research on parental perceptions regarding hearing loss and ASD will be presented to help guide counseling with this population.

Learning objectives:

- List current diagnostic criteria for ASD and describe how these criteria may impact audiologic assessment of children
- Describe modifications that will maximize the ability to obtain accurate audiologic data in children with ASD
- Discuss audiologic treatment criteria and options for children with ASD

Session 7

The Hearing Loss Epidemic: Implications for Healthy Aging

Paul Mick

Thursday, October 16th, 2014 | 3:00 pm – 4:15 pm | Frontenac C

Age-related hearing loss (ARHL) is emerging as a major global public health concern. Estimates suggest that by 2030, as life expectancies rise and populations age, ARHL will be responsible for more worldwide disability than all but 8 other medical conditions, affecting hundreds of millions of people. Recent evidence has demonstrated associations between ARHL and declines in psychosocial, cognitive and functional health outcomes. Studies have also shown a link between ARHL and early mortality. It is still unclear if hearing loss or confounding factors are causing the observed declines in health. The possibility is raised, however, that treating hearing loss might improve health and lengthen life.

In the first part of the talk, I will outline the rising prevalence and public health burden of ARHL and discuss contributing factors. In the second part, the results and limitations of research linking hearing loss and psychosocial, cognitive, psychiatric, and functional health outcomes will be discussed. The impact of these conditions on healthy aging will be described from the individual and societal perspectives. Finally, I will discuss current and potential solutions to the ARHL epidemic, including future research needs. There will be ample time for discussion with and among the audience.

Learning objectives:

- Its increasing prevalence and public health burden
- The association between hearing loss and psychosocial, cognitive, psychiatric and functional health outcomes
- Current and potential solutions to the age-related hearing loss epidemic at the individual and societal levels

Session 8 - Plenary Presentation

Evidence-Based Audiology: Benefits and Limitations for Your Patient's Intervention Plan

Theresa Chisolm

Friday, October 17th, 2014 | 9:00 am – 10:30 am | Frontenac ABC

In this era of evidence-based care, emphasis is placed on the importance of randomized controlled trials for demonstrating treatment efficacy.. While critical to improving the evidence-base for audiology intervention, randomized trials alone cannot provide all the relevant information that clinicians need to determine the best treatment of individual patients. In this presentation the results of RCTs – one examining the efficacy of auditory training for adults and the other focused on hearing aids, will be examined in order to highlight the strengths and limitations of RCTs in providing information needed for decision-making about individual patients. Approaches to developing “patient-centered evidence” which takes into account individual differences and preferences for guiding clinical care will be discussed. (Work supported, in part, by VA Rehabilitation Research and Development Grants #C6303R and #C6028R).

Learning Objectives:

- Participants will be able to describe the critical elements of a well-controlled randomized controlled trial
- Participants will be able to identify the role of RCTs in patient-centered care.
- Participants will be able to describe how to utilize evidence from an RCT with consideration of a patient's individualized goals and preferences in clinical decision-making.

Session 9

Everything I know about Hearing Loss - Part 1

Mead Killion

Friday, October 17th, 2014 | 3:00 pm – 4:15 pm | Frontenac A

Causes of diplacusis, threshold loss, SNR loss, hidden loss with detached terminals will be discussed in context of the AI and a Magic Formula that takes all these into account. The last half of session 2 will include a brief review of brain rewiring and the importance of the dispenser's non-technical skills in providing a good hearing aid fitting.

Learning objectives:

- Causes of various forms of hearing loss
- Method for predicting intelligibility in various situations from a single formula and AI dots
- Why the placebo effect is often more important than the medicine.

Session 10

Podium Sessions

Friday, October 17th, 2014 | 3:00 pm – 4:15 pm | Frontenac B

Session 11

Use of the Extended Speech Intelligibility Index (ESII) and the Hearing In Noise Test (HINT) to Quantify Functional Hearing Ability

Sig Soli

Friday, October 17th, 2014 | 3:00 pm – 4:15 pm | Frontenac C

The Extended Speech Intelligibility Index (ESII) is used to predict the speech reception thresholds (SRT) in real-world fluctuating noise environments (Rhebergen et al., 2008). For individuals with normal hearing the SRT is typically -2.6 dB S/N and the ESII is about 0.34. Thresholds above the norm indicate that a larger ESII is needed to achieve the same level of intelligibility. This relationship between the ESII and HINT threshold elevation can be used to quantify the impact of threshold elevation on functional hearing ability, especially speech communication, in real-world noise environments.

Elevation of a HINT threshold above the norm increases the ESII criterion value and thus reduces the likelihood of effective communication. For example, a 1 dB threshold increase corresponds to an increase in the ESII of approximately 0.03. Using this relationship, it is possible to make quantitative estimates of the impact of threshold elevation on the likelihood of effective communication during hearing-critical activities on the job and, in so doing, to establish and validate hearing screening criteria for specific jobs and workplaces. The results of this effort will be reported.

Learning objectives:

- Understand the Extended Speech Intelligibility Index (ESII) and how it is calculated
- Understand the relationship between ESII and speech reception thresholds
- Understand how the ESII can be used to calculate the likelihood of effective speech communication in real-world noise environments
- Understand how this likelihood can be used to define quantitative measures of an individual's ability to perform hearing-critical job tasks in real-world noise environments

Session 12

Everything I know about Hearing Loss - Part 2

Mead Killion

Friday, October 17th, 2014 | 4:15 pm – 5:30 pm | Frontenac A

Causes of diplacusis, threshold loss, SNR loss, hidden loss with detached terminals will be discussed in context of the AI and a Magic Formula that takes all these into account. The last half of session 2 will include a brief review of brain rewiring and the importance of the dispenser's non-technical skills in providing a good hearing aid fitting.

Learning objectives:

- Causes of various forms of hearing loss
- Method for predicting intelligibility in various situations from a single formula and AI dots
- Why the placebo effect is often more important than the medicine.

Session 13

Management of Older Adults with Hearing Loss and Dual Sensory Loss: Insights from the Blue Mountains Hearing Study and Dual Sensory Loss Study in Australia

Catherine McMahon

Friday, October 17th, 2014 | 4:15 pm – 5:30 pm | Frontenac B

Adult-onset hearing loss is typically diagnosed and managed several years after onset, often, after leading to multiple negative consequences including effects on employment, depressive symptoms and increased risk of mortality. While hearing aids are associated with reduced depression, longer life expectancy and retention in the workplace, several studies show high levels of unmet need for hearing health services in older adults and poor use of prescribed hearing aids, in cases leading to their abandonment. The population-based Blue Mountains Hearing Study (BMHS), a longitudinal study of older adults of a representative older Australian community sample, which commenced in 1992, provides key information about prevalence, incidence, modifiable risk factors, comorbidities and mortality risk associated with age-induced hearing loss as well as hearing aid ownership and use. BMHS data showed that dual sensory loss is more prevalent in the older population and is associated higher mortality risk than a single sensory loss. Combined with separate systems of health care and poor recognition in health policy, we assumed that this would result in poorer management of this vulnerable population. Therefore, we piloted a hearing screening and educational model (HSEM) targeting individuals from a low vision clinic and referring those with unmet hearing needs to appropriate services. In this presentation we provide data from both studies and discuss implications for policy and practice. (Continued)

Learning Objectives:

- Understand the associations between age-related hearing loss, depression, mortality risk and the major factors which contribute to the cost to society.
- Understand some of the key similarities and differences in hearing loss prevalence, hearing aid use and the delivery of hearing healthcare for older adults in Australia, the UK and USA.
- Identify some limitations in the current models of hearing health care.
- Understand some of the influences on decision-making for older adults to seek help for hearing loss.

Session 14

Communicating Audiologic Findings in the Medical Setting

Virginia Ramachandran

Friday, October 17th, 2014 | 4:15 pm – 5:30 pm | Frontenac C

With the advent of the electronic medical record and changes in communication modalities, methods of conveying audiologic information have evolved. In addition, criteria for documentation continue to change over time. This presentation will include the rationale for and distinction between reporting and documentation. The latest evidence to support effective communication among healthcare providers will be discussed, as well as strategies for implementation in the audiology clinic.

Session 15 - Plenary Presentation

Aging Ears and the Aging Brain: Information about the Brain for the Clinician

Kelly Tremblay

Saturday, October 18th, 2014 | 9:05 am – 10:30 am | Frontenac ABC

In this presentation, behavioral and electrophysiological research on auditory and cognitive aging will be described as it applies to issues in adult audiological rehabilitation, including hearing aids, training and counseling. Specifically, a focus will be how aging impacts the quality of the ‘bottom-up’ signal such that amplification or implantation may not be sufficient to yield accurate perception.

Learning Objectives:

- Understand that hearing loss impacts the way sound is encoded in the brain.
- Understand why hearing technology helps to improve signal audibility but does not guarantee improved speech understanding.
- Identify ways you can include information about the brain when counselling patients.

Session 16

Hearing Restoration: A Surgical Perspective

Jane Lea

Saturday, October 18th, 2014 | 10:45 am – 12:00 pm | Frontenac A

A broad overview of surgical procedures available to restore hearing will be discussed including candidacy criteria. Topics covered include tympanoplasty, ossicular reconstruction, bone anchored hearing systems and cochlear implantation.

Learning objectives:

- To provide an overview of surgical procedures to restore hearing in the setting of conductive hearing loss.
- To provide an overview of surgical procedures to restore hearing in the setting of sensorineural hearing loss.
- To review the candidacy criteria for hearing restoration procedures.

Session 17

Hyperacusis and Misophonia in Clinical Practice

Glynnis Tidball

Saturday, October 18th, 2014 | 10:45 am – 12:00 pm | Frontenac B

Decreased sound tolerance is a common complaint among tinnitus patients and one that may develop with or without hearing loss. Hyperacusis, here defined as the discomfort from moderately intense sounds, and misophonia, a strong aversive reaction to sounds, can cause significant distress in patients. Patient distress is often heightened by lack of understanding or validation by healthcare professionals. In the audiology setting, hyperacusis and misophonia can result in lowered tolerance of test stimuli and can complicate instrument fitting. Patients with decreased sound tolerance may find amplification intolerable and sound generators for tinnitus therapy aggravating. This session will focus on the clinical presentation of hyperacusis and misophonia, possible mechanisms and triggers, assessment, comorbid contributors to hyperacusis and misophonia and treatment options.

Learning Objectives:

- Identify patients with hyperacusis and misophonia and modify assessment accordingly
- Provide educational counselling to patients presenting with hyperacusis and misophonia
- Tailor management of patients to accommodate hyperacusis and misophonia

Session 18

The Life of the Inner Ear

Sumitrajit Dhar

Saturday, October 18th, 2014 | 10:45 am – 12:00 pm | Frontenac C

Otoacoustic emissions are sounds generated in the ear and have long been accepted to be an outcome of the amplification process in the cochlea. However, the cellular mechanisms responsible for their generation, their modulation by efferent input, and possible modes of their backward propagation to the ear canal are still being debated. Current knowledge in these domains will launch our discussion about these faint sounds generated in the inner ear.

Significant advances have recently been achieved in delivering accurate signals to the human ear canal for the evaluation of the entire hearing range up to 20 kHz. These methods are currently being leveraged to evaluate hearing thresholds and otoacoustic emissions across this wide frequency range. The effect of age on these estimates of auditory function are revealing trends in aging not evident before. The use of objective measures in detecting early signs of aging and chemotoxicity will be discussed from dual perspectives. Results from a large-scale study will be used to trace the trajectory of otoacoustic emissions across a significant portion of the human lifespan. In parallel, individual case studies will be used to illustrate the power of stable measurements in tracking auditory function in individuals.

Learning Objectives:

- Attendees will be able to identify complexities in presenting high frequency signals with accuracy to the eardrum.
- Attendees will be able to evaluate the role of ultra high frequency hearing thresholds in detecting age related changes to human hearing.
- Attendees will be able to differentiate between otoacoustic and threshold changes as a result of aging.

Session 19

Early Spoken Language Development Following Pediatric Cochlear Implantation: Direct Comparison of Non-tonal (English) and Tonal (Mandarin) Language Development

Sig Soli

Saturday, October 18th, 2014 | 1:30 pm – 2:45 pm | Frontenac A

A primary goal of our research has been the development, validation, and use of practical clinical assessment tools for objective evaluation of speech and language development in children with hearing aids and/or cochlear implants. A hierarchically structured assessment battery has been developed and is now in use. This presentation will describe the assessment battery, focusing primarily on the study of early language development. Receptive and expressive vocabularies were measured with the Simplified Short Form (SSF) version of the Mandarin Communicative Development Inventory (MCDI) in a sample of 112 pediatric implant recipients at baseline, 3, 6, 12, and 24 months after implantation. Implant ages ranged from 1-5 years. Scores were expressed in terms of normal equivalent ages, allowing normalized vocabulary growth rates to be determined. Scores for English-speaking children reported by Niparko et al. (2010) were also re-expressed in these terms, allowing direct comparisons of Mandarin and English early spoken language development. Results showed that effects of implant age and duration of implantation can be compared directly across languages using normalized vocabulary growth rates. (Continued)

Such comparisons for Mandarin and English revealed closely comparable results, despite the diversity of these languages, underscoring the universal role of plasticity in the developing auditory system.

Learning objectives:

- Understand methods for assessment of early language development
- Understand how simplified measures of language development have been adapted for practical clinical use
- Understand the concepts normal equivalent age and normalized vocabulary growth rate, as used to characterize early language development
- Understand how these concepts can be used to directly compare early language development in different cultures and languages

Session 20

Occupational Hazards of Delivering Health Care: Stress and Burnout

Kathy McGilton

Saturday, October 18th, 2014 | 1:30 pm – 2:45 pm | Frontenac B

Burnout is a potential reality for all health care professionals. The term “burnout” was coined 40 years ago to describe a state of exhaustion and frustration experienced by health care workers upon whom excessive demands are placed. Multiple factors such as workload, fatigue and work-life imbalance, have been found to affect burnout among audiologists. Factors contributing to burnout for audiologists will be considered and compared to recognized predictors of burnout for other health care professionals. Strategies to modify individual and organizational factors contributing to burnout used by other professional groups will be examined. The potential usefulness and applicability of these strategies to reduce burnout for audiologists and enhance the quality of work life of attendees will be discussed.

Learning Objectives:

- At the end of the presentation, participants will be able to:
- Identify the predictors of burnout common across health care disciplines and specific to audiologists
- Describe strategies that reduce burnout and contribute to professional quality of work life

Session 21

Assessing the Impacts of Age, Hearing Loss, and Brain Injury on Central Auditory Function

Erick Gallun

Saturday, October 18th, 2014 | 1:30 pm – 2:45 pm | Frontenac C

Communication in a complex auditory environment can be impaired for a variety of reasons, but one the questions that most concerns our laboratory is whether or not the central nervous system is impaired. Two lines of research will be discussed, one involving current and former members of the U.S. armed services who were exposed to high-intensity explosions in the line of duty, and the other involving Veteran and non-Veteran listeners experiencing normal age-related changes in auditory sensitivity. In both studies, the ability to perform complex auditory tasks are shown to be impacted both by peripheral and central dysfunction. The challenges related to distinguishing among the various factors will be discussed, but the emphasis of our research is identifying the types of diagnostic tests most sensitive to central dysfunction and to developing new tests that can be used to bring such evidence to the clinic. Recent work on developing a new headphone-based test of spatial hearing that simulates listening in a multitalker spatial environment will be highlighted.

Learning Objectives:

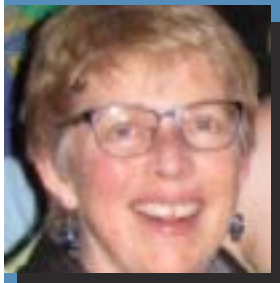
- Attendees will be able to describe the central auditory processing pathways.
- Attendees will be able to discuss ways in which central auditory dysfunction can impair communication
- Attendees will be able to describe a range of diagnostic tests sensitive to central auditory dysfunction.

Speakers



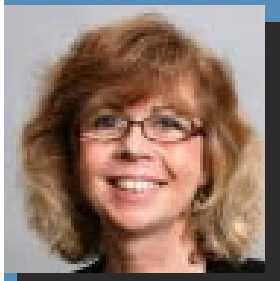
Carol Bauer

Dr. Carol A. Bauer is an Otologist at Southern Illinois University in Springfield, Illinois. She completed her residency at the University of Iowa in 1994 and a Neurotology fellowship at Baylor College of Medicine in 1995. She has directed the Tinnitus Clinic, Cochlear Implant Center, and the Hearing and Balance Center at SIU since 1995. Dr. Bauer has received funding from the National Institutes of Health, the Tinnitus Research Consortium and the American Tinnitus Association to investigate the physiologic and neurologic bases of tinnitus. Her basic science research has led to clinical trials of pharmacologic and acoustic therapies for chronic tinnitus.



Arlene Carson

Arlene Carson held a variety of clinical and rehabilitative audiology positions over more than two decades before completing her PhD in 2000. Arlene's interest in interdisciplinary approaches to researching help-seeking for hearing loss dovetails with her research in health promotion and the social determinants of health as research affiliate with the Centre on Aging at the University of Victoria. Arlene has taught courses at UBC, MacEwan University, and Western China University of Medical Sciences. To balance her work in academia and as an independent researcher, consultant, and program evaluator Arlene plays jazz piano and accordion with several groups on Vancouver Island.



Theresa Chisolm

Dr. Theresa (Terry) Hnath Chisolm completed her undergraduate degree at Lehman College, her master's degree in Audiology at Montclair State College and her PhD in Speech & Hearing Sciences at the Graduate School of the City University of New York. She joined the faculty in the Department of Communication Sciences & Disorders at the University of South Florida as an Assistant Professor in 1988. She is currently Full Professor and Department Chair, having served as chair since 2004. Her area of research and clinical expertise is rehabilitative audiology in children and adults. She has received funding for her research from NIH-NIDCD, VA Merit Reviews, and contracts with the hearing aid industry. Dr. Chisolm currently is Co-PI on a USDOE OSEP grant for training masters' degree students in Speech-Language Pathology to work with children with hearing loss who come from culturally-diverse backgrounds from a listening and spoken language perspective. She will be starting an NIA R34 Clinical Trials Planning grant in collaboration with Frank Lin, M.D., Johns' Hopkins University "Planning a trial of Hearing Rehabilitative Treatment to Reduce Cognitive Decline" In 2011, Dr. Chisolm received the Distinguished Achievement Award from the American Academy of Audiology.



Sumitrajit Dhar

Sumit trained in Audiology and Hearing Science at the University of Mumbai, Utah State University, and Purdue University. His laboratory works on the basic science and applications of otoacoustic emissions. The Dhar lab has made contributions to the understanding of the generation mechanisms of otoacoustic emissions, especially distortion product otoacoustic emissions. Current research in the laboratory continues in this area with additional efforts to apply any understanding to the development of clinical tools. These tools are developed with a particular interest in early and accurate detection of cochlear pathologies. Work in the Dhar laboratory is supported by the National Institutes of Health of the United States of America, The Knowles Hearing Center at Northwestern University, and various private foundations.



Dave Fabry

Dave Fabry received three degrees below zero from the University of Minnesota (BA, MA, Ph.D) and subsequently moved East. Where he served as Research Audiologist at Walter Reed Army Medical Center in 1988. In 1990, he returned to Minnesota, working in the sunny Southeastern tropical portion of the state at Mayo Clinic until 2002, serving as Chief of Audiology from 1994-2002. He then worked for Phonak from 2002-2007, then served as Chief of Audiology at The University of Miami Medical Center from 2007-2009, when he returned once again to Minnesota, where he serves as Vice President of Audiology and Professional Relations for Starkey Hearing Technologies. He is married to Liz and has a daughter, Loren, who recently graduated from – you guessed it – the University of Minnesota.



Frederick (Erick) Gallun, PhD

Frederick J. Gallun, Ph.D. is a researcher at the National Center for Rehabilitative Auditory Research, and Associate Professor in Otolaryngology and the Neuroscience Graduate Program at Oregon Health and Science University. He received his degree in Cognitive Psychology from UC Berkeley and completed an NIH-funded postdoctoral fellowship at Boston University. His laboratory and research collaborations are funded by three NIH grants and three VA Merit Awards. The work focuses on the impacts of aging, hearing loss, and brain injury on the ability to parse the auditory scene, with an emphasis on spatial hearing and the processing of temporal information.



Mead C. Killion, Ph.D., Sc.D. (hon)

Mead Killion is the founder and Chief Technology Officer of Etymotic Research, an R&D organization whose mission includes:

- Helping people hear,
- Helping people preserve their hearing,
- Helping people enjoy hearing, and
- Improving hearing tests.

Killion is an Adjunct Professor of Audiology at Northwestern University. He holds two degrees in mathematics and a third degree in audiology plus an honorary doctor of science from Wabash College. He has published 80 papers and 20 book chapters in the fields of acoustics, psychoacoustics, transducers, and hearing aids, and has lectured in 19 foreign countries. Killion helped design several generations of hearing aid microphones, earphones and integrated circuit amplifiers. His research has resulted in dramatic increases in the sound quality of hearing aids, earplugs, and earphones. As a consultant to the Chicago Symphony Orchestra, he has been active in introducing high fidelity hearing protection for musicians. He is a member of the Board of Trustees of VanderCook College of Music. He has 77 U.S. patents issued, with 17 patents pending.

In addition, Killion is a dedicated choir director, a violinist, an amateur jazz pianist, has run 32 marathons, and enjoys sailing.



Ariane Laplante-Lévesque

Ariane Laplante-Lévesque is a research project manager at the Eriksholm Research Centre in Denmark where she leads research investigating hearing aid dispensing processes. She is also a part-time assistant professor at Linköping University in Sweden where she studies information technology applications in audiology. Ariane completed her PhD at the University of Queensland in Australia 2010. She has trained and worked as a clinical audiologist in her native Canada as well as in Australia. Her professional interests include the rehabilitation of adults and older adults with an acquired hearing impairment, the client-audiologist relationship, and tele-audiology.



Jane Lea

Dr. Jane Lea is an Otolaryngologist specializing in Otology and Neurotology and Paediatric Otolaryngology. She completed her undergraduate BSc degree at George Washington University, Washington DC in 1999, followed by her MD in 2005 from the Faculty of Medicine at The University of Toronto. Dr. Lea then completed a 5-year residency in Otolaryngology-Head & Neck Surgery at the University of Toronto in 2010. This was followed by subspecialty fellowship training in Otology and Neurotology at The University of British Columbia (2010-2011). Training abroad at Johns Hopkins University (Baltimore, USA) and Royal Prince Alfred Hospital (Sydney, Australia) was undertaken in 2011 with a focus on vestibular disorders. In 2012, a second subspecialty fellowship was completed in Paediatric Otolaryngology at the University of British Columbia. Her current clinical practice is based in Vancouver at St. Paul's Hospital, Vancouver General Hospital, and BC Children's Hospital. She is currently a Clinical Assistant Professor within the Department of Surgery at the University of British Columbia.



Kathy McGilton

Katherine S. McGilton (RN, PhD) is a Senior Scientist at the Toronto Rehabilitation Institute-University Health Network and Associate Professor at the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto. She has research funding as the principal investigator from the Canadian Institutes of Health Research (CIHR), Alzheimer Society of Canada, Nursing Research Fund, and the MOH<C. The focus of her work is on enhancing the care of the older adult, especially those with dementia, through the development and application of interventions, outcome measures and models of care in practice. Her work has examined the nature of relationships between nursing staff and older adults and between staff and their supervisors and the effect on staff outcomes such as retention, burnout and stress.



Catherine McMahon

Professor Catherine McMahon is the Head of Audiology at Macquarie University. She was part of the team which successfully bid for \$40 million from the Australian Education Investment Fund to establish the Australian Hearing Hub, and is a chief investigator of the HEARing CRC. A/Prof McMahon is a member and project leader of the Macquarie University Centre for Language Sciences, a senior scientist and project leader of the HEARing CRC, and an associate investigator with the ARC Centre of Excellence the Centre for Cognition and its Disorders (CCD). Between 2006-2012, Catherine was the Vice President of Audiology Australia, the peak professional body for audiologists, and was awarded Young Professional of the Year (2008) by Professions Australia.



Paul Mick

I finished my Otolaryngology-Head and Neck Surgery residency at the University of British Columbia in 2010. Afterwards, I completed a fellowship in Neurotology and Skull Base Surgery at Sunnybrook Health Sciences Centre in Toronto under the tutelage of Drs. Nedzelski, Chen and Lin. An interest in public health research led to a Masters degree in public health with a concentration in epidemiology from Harvard. My practicum focused on the association between age-related hearing loss and social isolation and was supervised by Dr. Frank Lin from Johns Hopkins University. I am a researcher with the Canadian Consortium on Neurodegeneration in Aging and practice in Kelowna.



David Moore

Dave Moore is Director of the Communication Sciences Research Center at Cincinnati Children's Hospital, and a Professor of Otolaryngology (University of Cincinnati) and Psychology (University of Manchester). Educated in Australia (Monash University), he spent 22 years at Oxford University on projects including auditory spatial hearing, neurobiology of deafness, and otitis media. As Director of the Medical Research Council Institute of Hearing Research, Nottingham (2002-12), he focussed on auditory development and learning in humans. In 2010 he was awarded the George Davey Howells prize (Royal Society of Medicine) for editing the three volume "Oxford Handbook of Auditory Science".



Kathy Pichora-Fuller

Kathy Pichora-Fuller is a Full Professor of Psychology at the University of Toronto, a Guest Professor at Linköping University in Sweden, and an Adjunct Scientist at the Toronto Rehabilitation Institute and at the Rotman Research Institute at Baycrest in Toronto. She practiced audiology at Mount Sinai Hospital in Toronto before completing her PhD in Psychology in 1991. Until 2002, she was on faculty in the School of Audiology and Speech Sciences and Director of the Institute for Hearing Accessibility Research at UBC. She combines experience in rehabilitative audiology with experimental research on auditory and cognitive aging.



Virginia Ramachandran

Virginia Ramachandran, Au.D., Ph.D. is a Senior Staff Audiologist and Audiology Research Coordinator at Henry Ford Hospital and an Adjunct Assistant Professor and the Audiology Clinical Education Coordinator at Wayne State University in Detroit, Michigan. She has published and presented nationally on the topics of credentialing, clinical education, and reporting and documentation for audiology. She is the co-author of the “Basic Audiometry Learning Manual” and “Professional Communication in Audiology” and serves as an Associate Consulting Editor for Plural Publishing, Inc. She is a co-creator of the eAudio tablet solution for audiologic reporting, but has no current financial interests in the product.



Gabrielle Saunders

Gabrielle Saunders is Associate Director of the National Center for Rehabilitative Auditory Research (NCRAR) and an Associate Professor in the Department of Otolaryngology, Oregon Health and Sciences University, both in Portland, OR. Her primary research interests focus on approaches to audiologic rehabilitation for older individuals, and application of health behavior theory to the understanding of hearing health behaviors. She has ongoing funded research studies examining improved approaches to hearing aid orientation, attitudes and beliefs underlying hearing aid acquisition, auditory complaints among blast-exposed Veterans, and innovative approaches to automated hearing screening.



Gurjit Singh

Gurjit Singh is a Senior Research Audiologist at Phonak AG, an Adjunct Lecturer in the Department of Speech Language Pathology at the University of Toronto, and an Adjunct Scientist at the Toronto Rehabilitation Institute and the University of Toronto. Gurjit completed a postdoctoral fellowship at the Toronto Rehabilitation Institute, obtained his Ph.D. (Cognitive psychology) from the University of Toronto, his M.Sc. (Audiology) from the University of Western Ontario, and his M.A. (Social psychology) from the University of Waterloo. Gurjit is also a clinical audiologist registered with the College of Audiologists and Speech-Language Pathologists of Ontario and certified with the Canadian Association of Speech-Language Pathologists and Audiologists. His research interests include teleaudiology, the role of cognition in audiology, and factors that lead to success with hearing aids.



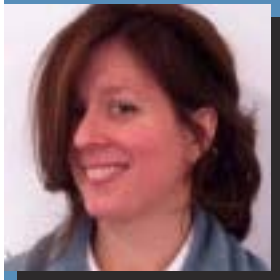
Sigfrid D. Soli, Ph.D.

Dr. Soli is a Senior Clinical Research Scientist at the House Clinic and an Adjunct Clinical Professor of Otolaryngology at the University of Southern California Keck School of Medicine. He develops and evaluates hearing diagnostics, assessment procedures, and devices for individuals for hearing impairment. Dr. Soli is a Fellow of the Acoustical Society of America. He has been an advisor to the US National Research Council. He has also served as a member of the US FDA's Ear, Nose, and Throat Device Panel. He is a Senior International Advisor to the Chinese Academy of Audiological Rehabilitation.



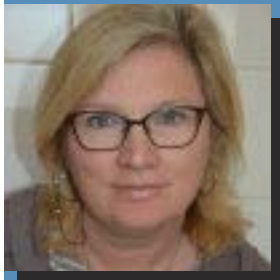
Brian Taylor

Brian Taylor is currently the Director of Practice Development & Clinical Affairs for Unitron and the Editor of Audiology Practices, the quarterly publication of the Academy of Doctor's of Audiology. Brian also serves on the advisory board for the Better Hearing Institute and is a frequent contributor to Audiology Online. During the first decade of his career, he practiced clinical audiology in both medical and retail settings. Since 2005, Dr. Taylor has held a variety of management positions within the industry in both the United States and Europe. He has published over 50 articles and book chapters on topics related to hearing aids, diagnostic audiology and business management. Brian has authored three text books Fitting and Dispensing Hearing Aids (co-authored with Gus Mueller), Consultative Selling Skills for Audiologists, Quality in an Audiology: Design & Implementation of the Patient Experience.



Glynnis Tidball

Glynnis Tidball, M.Sc. (SLP, Aud) is a registered clinical audiologist at St. Paul's Hospital in Vancouver and clinical instructor at the School of Audiology and Speech Sciences in the UBC Faculty of Medicine. Her primary professional focus for the last 16 years has been management of tinnitus and hyperacusis. She runs regular group and individual tinnitus sessions at the St. Paul's Hospital Tinnitus Clinic and participates in related clinical research through the hospital. She has been a sponsored speaker on tinnitus and hyperacusis to audiology and otolaryngology groups across Canada.



Kelly Tremblay

Kelly Tremblay is a Professor at the University of Washington in Seattle, WA. She began her career in Canada as an audiologist and then completed a PhD at Northwestern University in Chicago. She also trained at the House Ear Institute as a post-doc. With this background she is keenly aware of the communication difficulties described by adults with and without hearing loss and have developed a program of research aimed at improving auditory rehabilitation. Her research focuses on identifying physiological and perceptual processes associated with age-related perceptual problems in a way that is relevant to clinicians and their patients. Her commitment to advancing "translational research" is evident through her service and her science: she has over 80 publications and recently edited a book series titled "Translational Perspectives in Auditory Neuroscience."

NO PHOTO

Richard Tyler

Rich was trained as a clinical audiologist at The University of Western Ontario and then completed a Ph.D. in Psychoacoustics and The University of Iowa. He worked initially at the Institute of Hearing Research in the United Kingdom and is currently a Professor in both the Department of Otolaryngology - Head & Neck Surgery and in the Department of Communication Sciences and Disorders at the University of Iowa. His scientific work includes the quantification of tinnitus, necessary for its investigation, as well as the investigation of different treatments. Dr. Tyler sees tinnitus patients weekly, and hosts an annual Tinnitus Treatment Workshop. He has edited The Tinnitus Handbook (2000), Tinnitus Treatments: Clinical Protocols Tyler, R.S. (Ed.). (2006), and The Consumer Handbook on Tinnitus (2008).



Gail Whitelaw

Gail M. Whitelaw, Ph.D. is the Director of the Speech-Language-Hearing Clinic at The Ohio State University and is the audiology faculty member on the Leadership Education in Neurodevelopmental and Developmental Disorders (LEND) grant at the Nisonger Center in Columbus, OH. Dr. Whitelaw teaches courses related to pediatric audiology, educational audiology, tinnitus, and professional issues in the AuD program at Ohio State. She supervises clinical practicum and provides clinical services to children with developmental disorders and their families. Dr. Whitelaw also provides educational audiology services to schools in Central Ohio. She has worked with children on the autism spectrum for more than 30 years.

Floor Plan

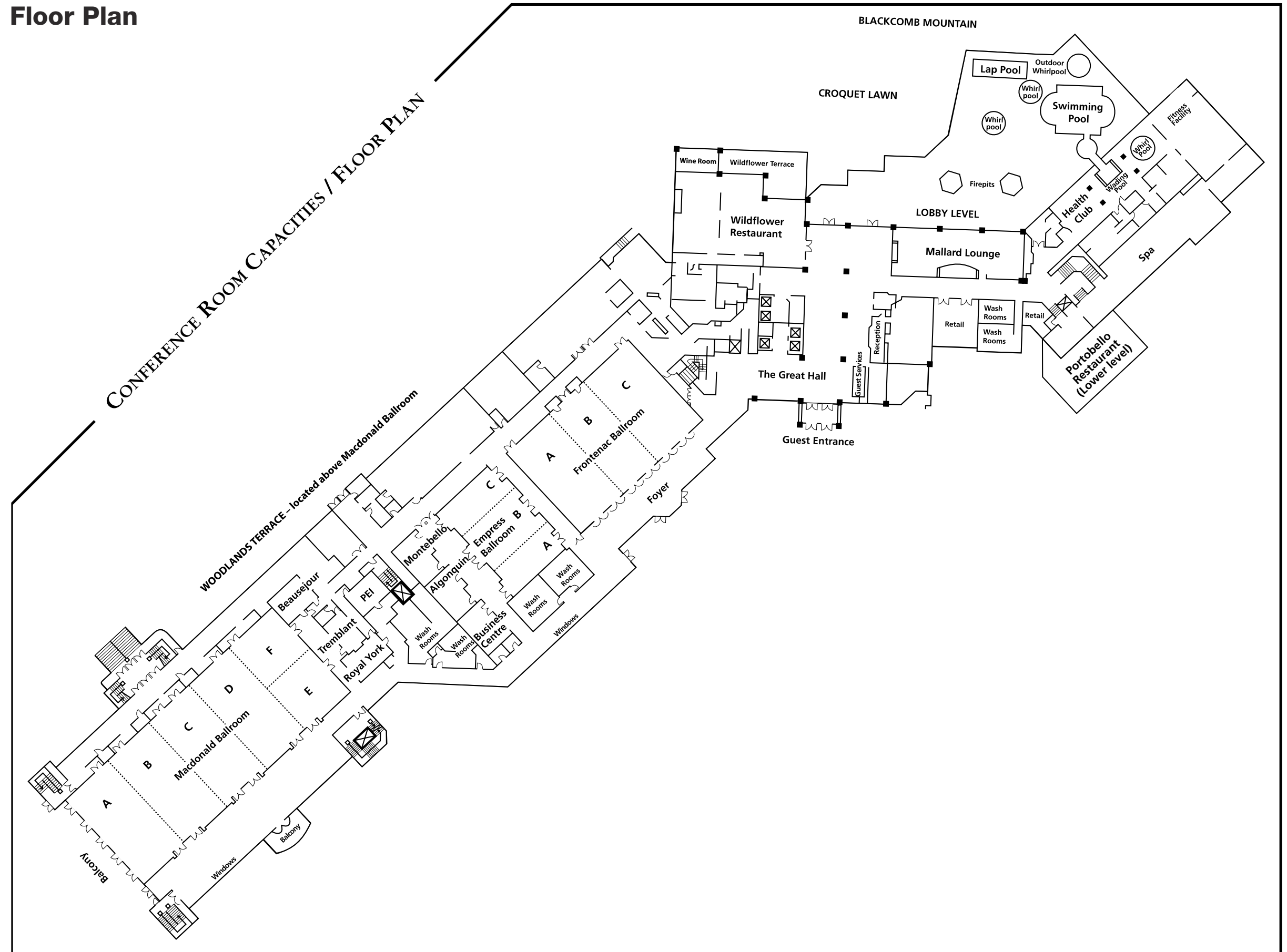
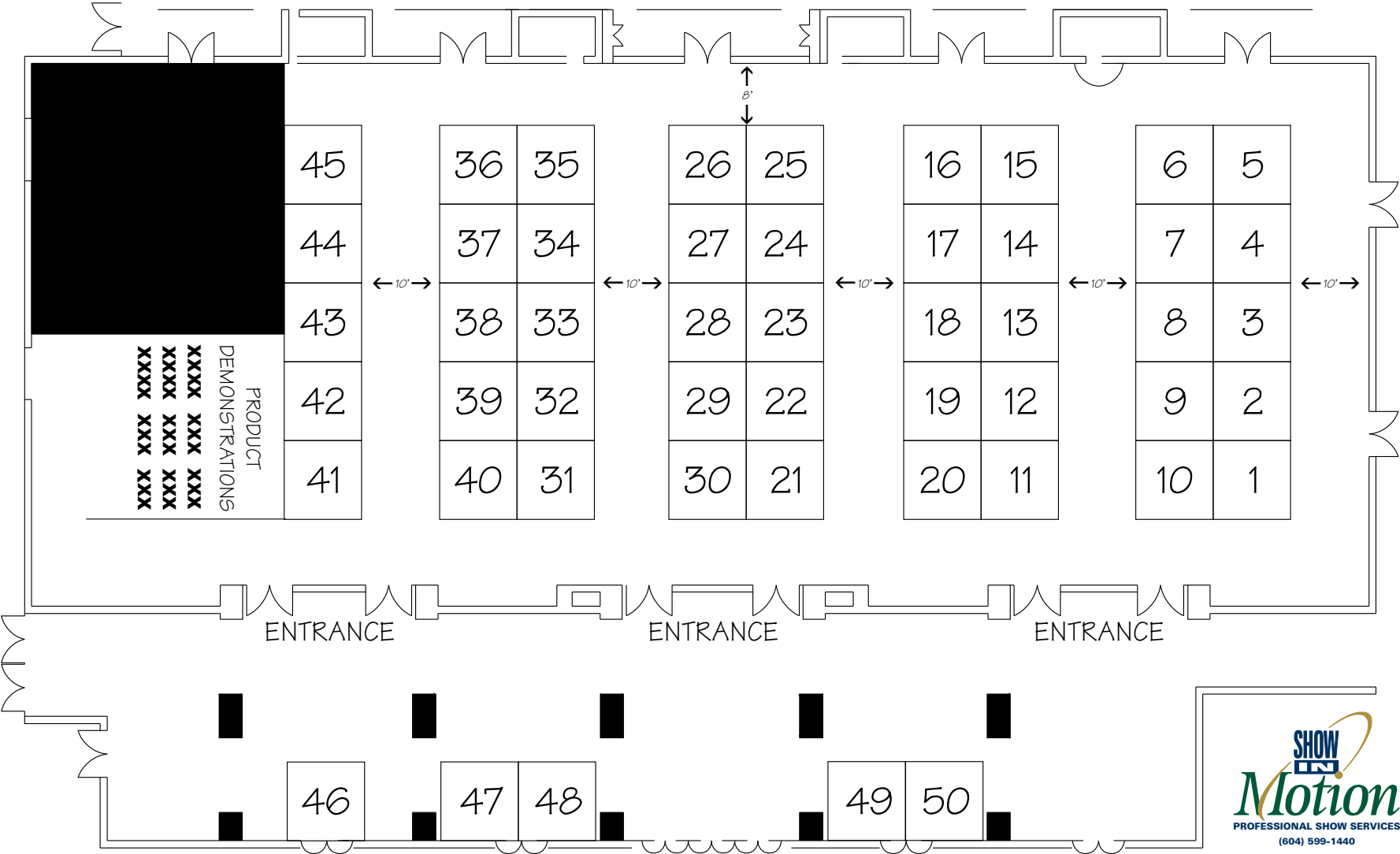


Exhibit Hall
and Product Demos

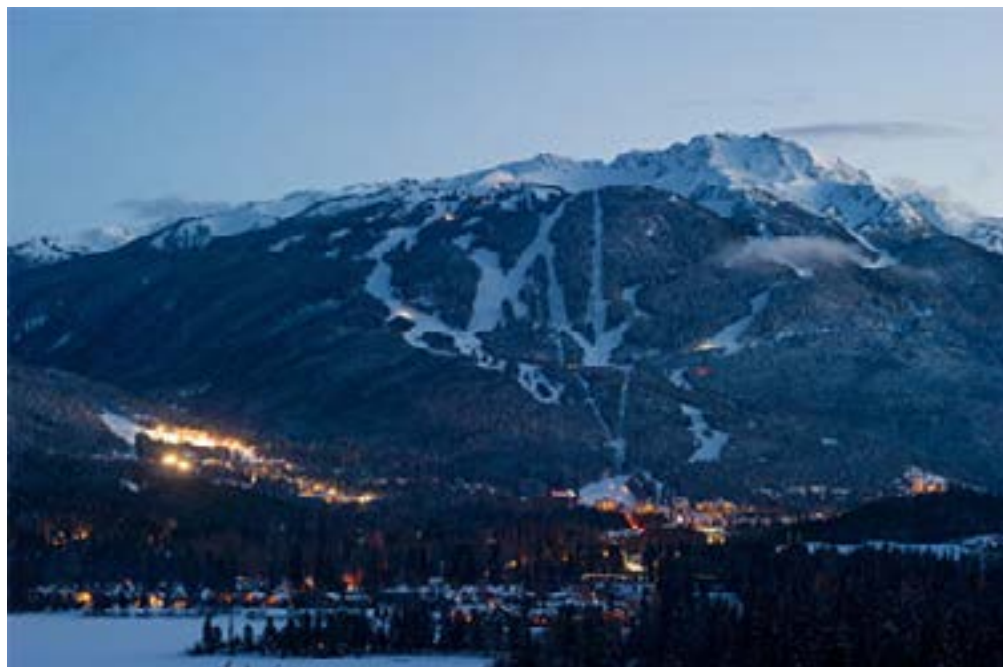
Product Demo Schedule

10:50-11:10	- Siemens
11:20-11:40	- Oticon
12:15-1:15	- Lunch in the Exhibit Hall
1:25-1:45	- Phonak
1:55-2:15	- Starkey



Exhibitor Legend

Advanced Bionics	15	CHHA	46	Ear Gear	27	Oticon Medical	31	Supportive Hearing Systems Inc	36
AIM Instrumentation Ontario Inc.	7	Cochlear Canada	18	Genie Audio	4	Oticon Pediatrics	32	Unitron	8, 9, 10
Audigy Group	20	Connect Hearing	5, 6	GN Resound	1, 2	Phonak	11, 12, 13, 14	University of Florida	50
BCASLPA	48	Dalimar	17	GN Otometrics	45	Salus University	47	Vivosonic	19
Bernafon	41, 42	dB Special Instruments	3	Lifestyle Hearing Network	16	Sennheiser	37, 38	Widex	33, 34
Blueprint Solutions Inc	26	Diatec	43, 44	MedEI	35	Siemens	21, 22, 23, 24		
CAA	49	EMI	25	Oticon	28, 29, 30	Sonic Innovations	39, 40		



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October 17th, 6:30pm Fairmont Lobby

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Sip on a 3oz glass of Sparkling wine and enjoy tasty canapés while mingling in one of Whistler's top restaurants.

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Enjoy one of Canada's best steakhouses. Indulge in the delicious flavours of their signature dish of beef tenderloin in a teriyaki sesame seed sauce. Vegetarian option available. 3oz glass red or white wine included.

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For the main course guests can choose from:

- 1) Veal Scaloppini*
- 2) Wild Sockeye salmon*
- 3) Vegetarian Pasta

*Quattro: sided with signature spaghetti Quattro

*Trattoria: sided with potatoes and seasonal vegetables

Come and enjoy an evening of fun and flavour! Your guide will enhance the experience with their local knowledge and enthusiasm for the wonderful dining scene in Whistler.

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Dietary restrictions can be accommodated with advanced notice
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Finally, we would like to thank the many student volunteers for their support during the conference.

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