



# AVAA AMPLIFIER

**Quarterly Newsletter of the Association of VA Audiologists**

**2024: Innovations in Audiology**

## **FROM THE PRESIDENT'S DESK: *Danielle Crawford, Au.D.***

*AVAA President*



As VA employees, we are part of an organization that has long been at the forefront of innovation in healthcare. The history of the VA is rich with groundbreaking advances that have not only improved the lives of Veterans but have also paved the way for broader advancements in medical care. From the development of the first implantable cardiac pacemaker in 1960 to the creation of the GioStent in 2021 to improve hearing for a Veteran as an alternative to surgery, the VA's commitment to innovation has consistently placed us at the cutting edge of healthcare.

The theme of this newsletter—Innovation in the VA—reminds us that innovation is not just about the development of new devices and technologies, but also about the creative ways we meet the evolving needs of the Veterans we serve. Innovation encompasses the development of new therapies, innovative healthcare programs, and approaches to care that help Veterans overcome common barriers such as access to services and timely care. Innovation in the VA is about adapting to the unique needs of the Veteran population, which is diverse and continuously changing.

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### **IN THIS ISSUE:**

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- Animal Audiology
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*If you love  
puppies, this  
is the issue  
for you!*



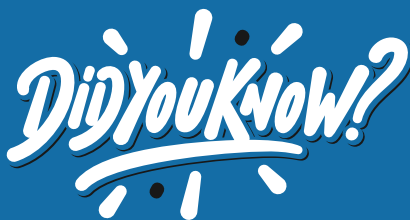
**FROM THE PRESIDENT'S DESK:** *Continued*

Within Audiology, consider the examples of Synchronous and Asynchronous Telehealth in VA Clinics, Remote Programming of Hearing aids, Progressive Tinnitus management, and ATLAS—each one a testament to how we can innovate to ensure Veterans receive the Audiological care they need, regardless of their location or circumstances. These innovations, supported by the Veterans Health Administration (VHA) and the Office of Healthcare Innovation and Learning (OHIL), are transforming how we deliver audiology services, enabling us to reach Veterans in new and meaningful ways.

It's important to remember that innovation doesn't just happen in research labs or through the development of new technologies. Sometimes, innovation starts with us—VA employees and healthcare providers—who look at the challenges we face in delivering care and think creatively about how to solve them. Every day, our work contributes to the ongoing evolution of the VA healthcare system, ensuring that it is responsive to the needs of those who have served our country.

As we reflect on the innovations of the past and look forward to those yet to come, I encourage each of you to think about the ways in which you can contribute to the future of VA Audiology and Veteran care. Whether it's through advocating for new programs, exploring novel approaches to hearing healthcare, or developing new ways to serve our patients, we all have a role to play in shaping the future of healthcare for Veterans.

Thank you for your continued dedication, creativity, and commitment to improving the lives of Veterans. Together, we can ensure that the VA remains at the forefront of healthcare innovation for many years to come.



**AVAA** partners with  
**AudiologyOnline** to offer some  
excellent CEU opportunities!

*Here are our recent and upcoming AVAA & AudiologyOnline presentations:*

Save the Date: **January 10** at **3 pm EST**  
*Rethinking Speech Perception Challenges in Adults Without Hearing Loss*





# AVAA ANNOUNCEMENTS



## JDVAC 2025 ATLANTIC CITY, NJ

**JDVAC 2025** will be held at Harrah's Resort in Atlantic City, NJ on April 7-9th. Our very loved Dr. Ilana Glick will be this year's conference chair. Dr. Glick and other committee members have started some preparations for this year's conference and cannot wait to see everyone there. Stay tuned for more details to come!



# Mark Your Calendars!



# AVAA ANNOUNCEMENTS - CONTINUED

## MEMBERSHIP SURVEY

We want to hear from our members! Click [here](#) to submit the **2024 AVAA Membership Survey**!

Please register your **PERSONAL E-MAIL ADDRESS** at [myavaa.org](http://myavaa.org) to receive future updates from AVAA.



## SOCIAL MEDIA REFRESH!

AVAA is refreshing our social media pages! If you don't currently follow us, find us on Facebook and Instagram and give us a follow!





*The AVAA Amplifier went straight to some experts for all things animal testing!*

*Many thanks to Dr. Peter Scheifele, future Dr. Michael Berick and Dr. McCoy for sharing their knowledge with our membership!*



## UNIVERSITY OF CINCINNATI FETCHLAB

**Michael Berick** is currently an extern at the Pittsburgh VA. He attended the University of Cincinnati and began working in the FETCHLAB with **Dr. Peter Scheifele**. Michael is also a veteran who worked closely with military animals throughout his service in the air force.

*This is Michael's perspective on his time with FETCHLAB and in the service.*

FETCHLAB is multi-dimensional in the fact that we work closely with the military, private dog owners, and other conservation organizations/zoos. Our work is focused on expanding clinical audiology for animals with an emphasis on dogs, and to contribute to ongoing animal research in the realm of bioacoustics. All our hearing evaluations on animals come in the form of both air and bone conduction Brainstem Auditory Evoked Response (BAER) hearing tests which is essentially the same as an ABR.

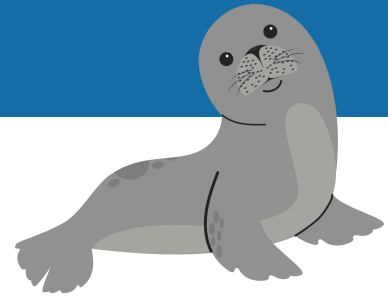
## FETCHLAB CONT.

When working with the military our primary goal is to extend the service life of military working dogs (MWDs). These dogs are frequently exposed to large amounts of noise exposure leading to temporary threshold shifts and eventually permeant hearing loss which often results in dogs being retired from service early. These canines serve a vital role in the operational capacity of our military and save countless service members' lives including my own. When working with the military we serve several different roles including baseline hearing evaluations of MWDs, BAER evaluations post noise exposures, kennel noise mitigation consulting and implementation, the development of canine hearing protection, and research innovation to enhance communication between MWDs and their handlers in combat environments. All that we do ultimately is to support the canines who directly support the warfighter on the ground.

On select Fridays throughout the semester UC FETCHLAB provides both hearing screenings and diagnostic BAER evaluations for puppies and older dogs. In order for dog breeders to register their puppies with the Orthopedic Foundation for Animals (OFA) they must receive a BAER hearing screening. FETCHLAB fills this niche as well as providing diagnostic evaluations for older dogs. Many dog owners are curious regarding their dog's hearing sensitivity and come to FETCHLAB to have them tested. On occasion, we have fit hearing aids on canines, but more research is needed in this area. That is why FETCHLAB is working closely with Starkey to develop a hearing aid designed specifically for dogs! Anytime that we discover a hearing loss in a dog we are sure to counsel the owners and provide them with literature regarding how to live with a deaf/hard-of-hearing dog.

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## FETCHLAB CONT.

A significant and growing portion of the work that we do at FETCHLAB is related to wildlife conservation. My time in FETCHLAB has afforded me the opportunity to perform BAER evaluations on many wild animals including elephants, walruses, cheetahs, rhinos, and gray seals. All of this work is completed to better understand how these animals hear and how increased noise levels in the environment, particularly the ocean may be impacting the behaviors and health of these animals. Additionally, we have been lucky enough to be invited to several aquariums to measure ambient noise levels in their tanks to rule in/out any role that noise may be playing in abnormal animal behavior.

I have been privileged to have so many incredible experiences while working with FETCHLAB and hope to continue this work into the future. Each project that we work on pushes me outside of my comfort zone and forces me to grow both as a person and an audiologist. Often when testing elephants or other incredible animals I find myself thinking "I can't believe this is happening!" Working with animals is very unpredictable but also very rewarding and leads to incredible learning opportunities in audiology, and about the animals themselves. Also, it is an absolute blast!!



# ANIMAL AUDIOLOGY - CONT. DR. MCCOY

## PERSPECTIVE

*JR is an Advanced Practice Audiologist who works at the **Hot Springs, AR CBOC**. He has worked in the VA for over twenty years and has taught at the University of Arkansas for Medical Sciences since 2005. He teaches classes in vestibular assessment, vestibular rehabilitation, and professional issues and ethics. He is a member of the ASPS Field Advisory Council. He is a past AVAA President and a past Arkansas Academy of Audiology President. He moved to Arkansas from California where he worked in private practice, state government and was on the Board of Directors for the California Academy of Audiology for several terms.*

*This is JR's perspective on his experience with animal audiology.*

When I finished the program at the Univ. of Cincinnati my goal was to do some work on the side with dogs and do research on bio sonar and be able to pick Dr. Pete's brain on the subject. Talking to several local Veterinarians has proven that the demand for canine hearing testing would be a little overwhelming since there is really no one else in the state that has the necessary training. Much like practice management classes teach- location is so important and living in a horse racing/breeding area that's where my time has been spent recently. Hot Springs National Park is home to Oaklawn Racing Resort which is one of the top thoroughbred racetracks in North America. Racing horse prices are well north of 50,000\$ so many owners want a full health report on an animal that is an investment. A BAER test is relatively easy (although the quarter horses and show quality Welsh ponies I practiced on are much more docile) and ensures hearing problems won't contribute to training concerns. This is starting slowly but that is exactly how I need it for now.

I have said this to Dr. Pete and the clinic director at the University of Arkansas for the Medical Sciences where I teach (and really anyone who would listen) that studying how other animals hear and balance should be a requirement in any Audiology program. Not only because we are the most qualified profession to test animals, but studying comparative bioacoustics can stimulate so many research ideas.



## TELEHEALTH



**Michele Gortemaker** is a Clinical Audiologist at Cheyenne VA Medical Center. Michele is the TeleAudiology Program Manager, a role she has been in since 2022. Prior to taking on this position, she served as a Supervisory Audiologist and Staff Audiologist at Cheyenne VAMC from 2015–2022. Michele was Audiology and Speech Pathology Service Chief at Nebraska Western-Iowa VA Health Care System from 2012–2015. She began her career as an extern at VA Nebraska–Western Iowa in 2008 and then continued at that facility as a fee basis provider.

Michele has been involved with TeleAudiology since 2012. She was part of the early pilot phases of remote audiometry through clinical video telehealth. She obtained her Master Preceptor certificate for TeleAudiology during this time. She was also a key member of the VISN 19 asynchronous teleaudiology team, providing feedback and guidance to the field, working to integrate this technology into standard VA practice. Michele is a member of the TeleAudiology Advisory Team and has presented on the topics of synchronous and asynchronous telehealth at several conferences over the past 10 years.

VHA Audiology has a long history of innovation in the realm of telehealth beginning with Synchronous TeleAudiology around 2010. The implementation of automated audiometry systems, in cooperation with industry partners, began round 2014. As the use of automated audiometry has spread across the enterprise in the last 5 fiscal years and a clinical pathway for asynchronous telehealth has been established, new opportunities have presented to consider how this be more mobile and meet the patient across the variety of settings outside the traditional Audiology clinic.

One recent focus has been the use of Asynchronous Automated Audiometry in a tablet form factor for a variety of inpatient, hospital-based and home-based settings. While many use cases have been identified in these early phases of pilot work, the two I want to highlight at Cheyenne VA Medical Center are integration into the Residential Rehabilitation Treatment Program (RRTP) and ototoxicity monitoring in the chemotherapy/infusion clinic.

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The need was identified locally for an avenue to evaluate hearing at intake in the RRTP due to a history of urgent requests while the Veterans are in treatment and wait times exceeding their stay. Through collaboration with RRTP providers and nurses, we have established a pathway in which Veterans are referred for a hearing evaluation at time of intake and scheduled for a TeleAudiology Imaging Consult. Following initial assessment with asynchronous automated audiometry, each veteran is scheduled for a VA Video Connect (VVC) follow up with an Audiologist to review results, discuss case history and any recommended treatment. While the use of AMTAS Flex only includes automated pure tone air conduction thresholds at the present time, it is still allowing for quicker identification of those Veterans who need further evaluation and intervention. The RRTP staff and Veterans have been highly complementary of this approach to addressing any needs they may have while they are on station and to ensure they can take full advantage of their treatment program. Feedback was obtained from unit nurses and they observed the following benefits since implementation in the last year: increased participation in groups due to improved hearing/understanding; improved overall cognition (specific Veterans who were thought to have some cognitive decline but drastic improvement noted after amplification introduced); improved sleep due to tinnitus management strategies discussed and implemented (leading to overall improved mental health); and finally general improvement in overall health for these at-risk Veterans who have neglected themselves and their healthcare for many years.

Additionally, the need was identified to monitor hearing during treatment with ototoxic medications without causing additional burden on the Veteran or providers. While we recognize the need to begin with a full examination per ototoxicity monitoring protocols prior to first treatment, we have found that the repeat evaluations can be completed via AMTAS Flex system while the Veteran is receiving their infusion. We are able to test pure tone thresholds up to 16 kHz each week during treatment to monitor for any changes using the same TeleAudiology Imaging Consult and asynchronous telehealth pathway as noted above. During a Veteran's treatment, when changes are noted that qualify as a significant change per ototoxicity monitoring protocols, we can determine that the Veteran needs to be brought back into the face-to-face clinic for a full re-evaluation and discussion with Oncology about ototoxic effects of treatment. If the Veteran has present DPOAEs at time of initial evaluation, those will be monitored throughout treatment in addition to pure tone audiometry. The nursing staff and providers in the chemo/infusion clinic have quickly latched on to this technology and have even asked to use the system for Veterans who are not on a monitoring protocol but have mentioned complaints about their hearing during their infusions. This has assisted the Veterans in expedited follow up care with Audiology, having updated pure tone air conduction thresholds to compare to prior results, and having the opportunity to discuss any needs or concerns regarding their ongoing treatment plan for Audiology.

While this type of automated hearing evaluation system is being used in a variety of form factors across VHA, the ability to use a tablet-based system within our existing asynchronous telehealth framework has opened the doors for a variety of clinic applications that are not easily met with the immobile testing options that currently exist. Potential use case scenarios that have been discussed during this project include: inpatient care, chemo/infusion, home based settings, occupational health exams, primary care integration, and usage during routine follow up visits in the Audiology clinic. This project is currently expanding from one to five sites in VHA, so stay tuned for more information as we continue to work through the steps to make this ready for the field at large.



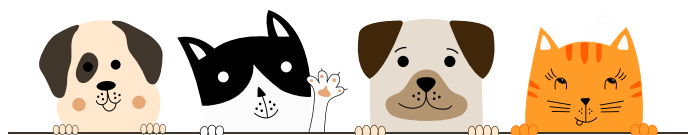
# Pets of AVAA

This is Dottie! Her mom is **Dr. Corrine Pfaff** from the Pittsburgh VA. Dottie is a Shetland sheepdog. Dr. Pfaff got Dottie when she was 8 weeks old. She is a wonderful addition to their family. Dottie loves to snuggle and bark at the bay window. She is her mom's shadow at home when Dr. Pfaff is not being an awesome audiologist!



This is Mac. His mom is **Dr. Kelsi Rexroad** from the Pittsburgh VA. Mac is a 2 year old mini sheepadoodle and loves socks!. He also enjoys a good nighttime greenie treat and barking at other dogs.

Mason is a 12 year old pup adopted in Pennsylvania by **Dr. Hannah Stull** from the Phoenix VA. He loves his pumpkin and apple every single morning. He also loves to go on walks and for some reason hates watching golf. Yes, his ears have always been one ear up and one ear down!





# AVAA Soundbites



Ever want to indulge in a yummy cookie on a fall cozy fall night but you don't want to make a whole batch?? We have just the sweet treat! AVAA Soundbites proud to present a delicious recipe from **Dr. Ashley Zambetti** from the Pittsburgh VA (really from Tik Tok).

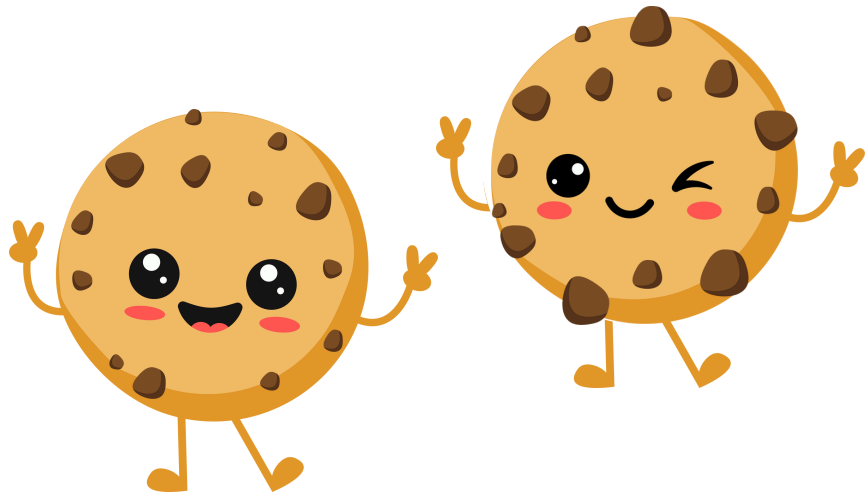
## 2 brown butter Chocolate Chip Cookies

### **Ingredients:**

3 tbsp butter  
4 tbsp brown sugar  
1 tbsp white sugar  
1 egg yolk  
6 tbsp flour  
1/4 tsp vanilla extract  
1/8 tsp salt  
1/8 tsp baking soda  
chocolate chips - measure with your heart

### **Supplies:**

Small baking sheet  
Parchment paper  
Bowl  
Measuring spoons



### **To prepare cookies:**

Preheat oven to 350 degrees.  
Brown butter in a pan. Cool before continuing.  
To brown butter, add brown sugar and white sugar - whisk  
Add egg yolk to mixture and whisk.  
Add vanilla and flour to mixture and whisk.  
Add salt and baking soda to mixture and whisk.  
Separate into two balls.  
Place balls on parchment paper - squish slightly and make sure they are very separated (these are LARGE cookies)  
Bake for 11 minutes  
Allow to cool slightly before enjoying!

