

**SPECIAL POINTS
OF INTEREST:**

- Hearing Education Center Booth
- Progressive Tinnitus Management Update

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NCRAR Newsletter

VOLUME X, ISSUE III

JULY 2010

Message from the Director: Stephen Fausti, Ph.D.



With a great sense of accomplishment and pride, I have announced my retirement after over 43 years of service to the VA. There have been so many moments that have highlighted my career. However, the opening of the National Center for Rehabilitative Auditory Research (NCRAR) has given me the greatest fulfillment as my vision for a national research center devoted to the study of auditory dysfunction has been realized.

The NCRAR is truly a unique entity with respect to its composition of individuals and its mission. No matter how impressive the physical facility may be, it's the individuals that work within it that make the NCRAR special. The Center's strength is based on the foundation of interdisciplinary collaboration, enabling research questions to be approached from multiple perspectives. It has given me tremendous satisfaction and pride to foster the growth of the Center. The NCRAR has developed its own culture and momentum and will continue to be a national resource for research, education, and outreach for Veterans and for the general population. None of this would have

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Hearing Education Center Booth

by Robert Folmer, Ph.D., Serena Dann Au.D., and Gabrielle Saunders, Ph.D.

The booth has landed! The JIF booth, that is. JIF stands for Joint Incentive Fund, a collaborative program between the Department of Veterans Affairs and the Department of Defense. The program's goals are to enhance cost-effectiveness of, quality of, and access to health care for military personnel and Veterans. In 2007, the National Center for Rehabilitative Auditory Research (NCRAR) received a JIF grant to develop a computer-based hearing loss prevention education program for Veterans and military personnel. The sound-attenuated booth that houses the program was installed in the Specialty Clinics waiting area at the Portland VA Medical Center on June 30, 2010.

The booth – formally known as the Hearing Education Center – and its hearing loss prevention education program are the culmination of several years of planning by NCRAR Investigators. Regular readers of this newsletter know that hearing loss and tinnitus are the two most prevalent service-connected disabilities in the VA system. In 2005, Dr. Stephen Fausti and colleagues wrote an article "Hearing health and care: the need for improved hearing loss prevention and hearing conservation practices" that was published in the *Journal of Rehabilitation, Research & Development*. Citing the high prevalence of hearing loss

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Location information**NCRAR is located at:**

Building 104, level P5, at the
Portland VA Medical Center,
Portland, Oregon

Address:

3710 SW US Veterans
Hospital Road
Portland, OR 97239-2964

WEBSITE:

www.ncrar.research.va.gov

Phone Numbers

Portland VAMC:

(503) 220-8262

Fax: (503) 721-1402

Extensions**Director:**

Stephen Fausti Ph.D.,
ext. 53306

Special Assistant:

Bonnie Becker, ext. 54525

**Deputy Director of
Administration:**

Patrick Helt M.A.,
ext. 58260

**Deputy Director of
Research:**

Marjorie Leek Ph.D.,
ext. 54692

**Deputy Director of
Education, Outreach and
Dissemination:**

Gabrielle Saunders Ph.D.,
ext. 56210

Newsletter editors:

Gabrielle Saunders
Christina Paul

Meet Samantha Lewis, Investigator

My parents moved quite a bit while I was growing up, which afforded me an opportunity to live in many different parts of the United States. Specifically, I spent my formative years in Ohio, Maryland, Florida, and Massachusetts. My high school years were spent in Longmeadow, Massachusetts, a small town best known for being the town next to Springfield, Massachusetts - home of the Basketball Hall of Fame.

I decided to attend the University of Florida (UF) for my undergraduate education. Despite my lack of interest in football, I quickly became swept up with the cheers, the Gator chomp, Spurrier-mania, and the pomp and circumstance of Florida Gator football. I chose a major in Communication Sciences and Disorders and a minor in Secondary Education.

It also was during this time that I had my first exposure to research. Dr. Carl Crandell and I worked on a project examining the effect of using different coupling strategies with frequency modulation (FM) technology on speech recognition in noise. I was bitten by the research bug.

After Florida, I returned to the Northeast to enter the Childhood Hearing Impairment Program at the University of Connecticut in Storrs, CT. I completed a summer clinical rotation in the Division of Adult Audiology at Washington University in St. Louis under the direction of Dr. Michael Valente, who also maintains an active hearing aid research program. This continued exposure to research prompted me to consider obtaining a PhD. I chose to pursue my PhD at

my alma mater under the direction of Dr. Crandell. My dissertation focused on the effects of both hearing-aid technology and FM technology on speech recognition in noise. This project was recognized at the Student Research Forum at the 14th Annual AAA Convention and with the Leighton E. Cluff Award for Aging Research by the Department of Gerontology at UF.



I came to the NCRAR in November of 2002 as a post-doctoral researcher, where I began working on a grant examining sound localization. Soon after my arrival, I applied for and obtained an Associate Investigator

Award from the VA RR&D Service. After a couple years, I applied for and received a VA RR&D Research Career Development Award that focused on creating expectation and satisfaction questionnaires for both the hearing-aid user and their spouse. I am currently working on the second phase of that work. I also have served on several different committees within our professional organization, the American Academy of Audiology. My most exciting and fulfilling experience involved serving as the Program Committee Chair for our annual convention, AudiologyNOW!, in 2009.

I met my husband, Matt, while I was studying at the University of Connecticut. He and I both love to travel. We have even introduced our daughter, Katie, to the traveling bug. Already, she has traveled internationally. In addition to my love of travel, I also enjoy spending time with friends and family, watching movies, reading, going out to eat, photography and scrapbooking, dancing, and shopping for bargains.



Hearing Education Center Booth (cont from Page 1)

and tinnitus among Veterans, the article concluded, "Ultimately, hearing loss prevention requires education on reducing occupational and recreational noise exposure and counseling on the risks and options available to patients." Dr. Gabrielle Saunders and Susan Griest worked to implement this recommendation by developing a computer-based Hearing Loss Prevention Program (HLPP) for Veterans that could be accessed by patients in VA medical clinics.

The HLPP uses the constructs described in the Health Belief Model (HBM) which was developed by Irwin Rosenstock in 1966 to explain individual differences in decisions to practice a health behavior. Studies have shown that, to varying degrees, the HBM predicts health-related behaviors, such as prenatal care visits, breast cancer self-examination, continued enrollment in diabetes-related pharmaceutical services and Hepatitis B vaccination. The constructs of the HBM are: (1) Perceived Susceptibility: The feeling of being vulnerable to a condition and the extent to which the individual believes he/she is at risk of acquiring the condition. (2) Perceived Severity: Belief in the seriousness of the consequences incurred if affected by the condition both medically (e.g. death, disability, pain) and socially (e.g. effects on family life, personal relations). (3) Perceived Benefits: The belief that intervention will result in positive benefits. (4) Perceived Barriers: The barriers an individual believes he/she needs to overcome in order to effectively conduct some form of intervention. This includes costs, negative side effects, social stigma, time needed. (5) Perceived efficacy: Belief the individual has that he/she can successfully use the

intervention. (6) Cue to action: A cue that prompts an individual to take action. This could be internal, such as symptoms of a health problem, or external, such as media communications, interpersonal communications or information from healthcare providers.

The HBM was used as the theoretical basis for the HLPP in order to optimize the effectiveness of the program. Based on the success of an occupational hearing conservation program developed by Sally Lusk and colleagues at the University of Michigan, which also uses the HBM as its theoretical basis, we believe our program will be successful at increasing knowledge of, changing attitudes toward, and increasing use of, hearing protection. The HLPP addresses recreational and occupational noise exposure in the Veteran population because Veterans who have been exposed to noise during military service are often unaware of the impact that additional noise exposure will have on their hearing. VA does not currently have a standardized hearing conservation program, even though such a program is needed.

Drs. Stephen Fausti, and Marjorie Leek, Principal Investigators of the JIF project, worked with the authors of this article to redesign and adapt the HLPP for both Veterans and active duty military personnel. The new version of the JIF HLPP includes the following elements: A sound-attenuated enclosure (6 feet wide X 8 feet long X 8 feet high) in which one participant at a time interacts with the program (see Figure 1). On a booth exterior wall, a 40" flat screen LCD displays silent video clips and text describing what the booth is and activities available

inside. On an exterior wall of the booth, a Kemar ear is attached to a sound level meter (Figure 2). When participants insert one of their iPod or MP3 ear buds into the ear, a digital display shows the intensity of their music in decibels (dB) SPL. Inside the enclosure, a computer touch screen allows participants to select among a variety of activities. A printer allows them to print informational handouts and test results (Figure 3). Inside the enclosure, on-screen video and audio instructions show participants how to place



Figure 1

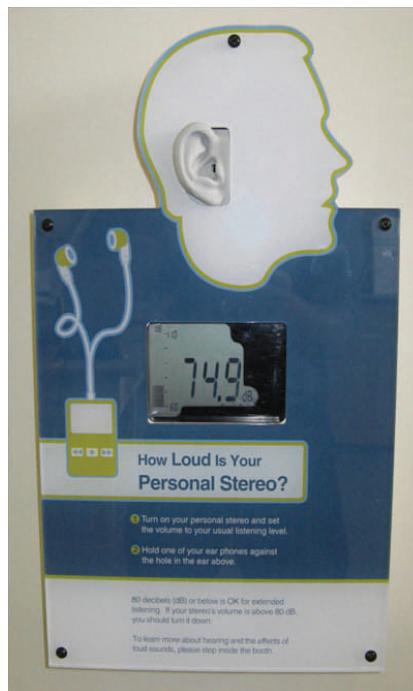


Figure 2

(Continued on Page 7)

Upcoming NCRAR Events 2010



July 16 2010: Lina Reiss, Ph.D. Department of Otolaryngology at the Oregon Health & Science University, Portland OR. Title: *Speech and pitch perception*

with cochlear implants

August 6 2010: Ben Hornsby, Ph.D. Vanderbilt Bill Wilkerson Center, Vanderbilt University Medical Center, Nashville TN. Title: *Hearing Loss, Hearing Aids and Listening Effort.*

September 10: Brenda Ryals, Ph.D. Department of Communication Sciences and Disorders, James Madison University, Harrisonburg VA. Title: *Hair Cell Regeneration: Is there potential for restoration of hearing?*

December 3 2010: Judy Dubno, Ph.D. Department of Otolaryngology - Head and Neck Surgery, Medical University of South Carolina, Charleston, SC. Title: *TBD*

Most NCRAR seminars are broadcast live via v-tel to other VA facilities. Contact bonnie.becker@va.gov for information.

Seminars are held from 12 to 1 pm (Pacific) in PVAMC Building 101 Room 109, unless noted.

Message from the Director (cont. from Page 1)

been possible without the support of the National VA Research and Development Headquarters, and specifically the Rehabilitation, Research and Development Service, which has provided support, guidance, and encouragement over the years. This support has been instrumental in creating the national program that we are today. I'd also like to thank the members of the NCRAR, our National Advisory Board, the Portland VA Medical Center, and all of our collaborators who through their contributions, commitment, and shared goals helped to transform my vision into a reality. It is those

individuals that have given us the elements for growth and success that have enabled us to fulfill our goals.

I've always said that I love it when a plan comes together and this has far exceeded my expectations. I am certain that the Center will continue to prosper in the future. I count myself among the fortunate few that have been able to fulfill their occupational endeavors. Thank you for this opportunity to guide and to be a part of this marvelous phenomenon called the NCRAR.

NCRAR comings and goings.....

Welcome to:

- Summer Au.D. Research Trainees: Jovie Havard, Anna Kharlamova, Nick Liimatta, and Kevin Still, who are with us for 12 weeks this summer
- Katherine Fitzharris, visiting Clinical Research Fellow ,who joined us from Boston to plan her research project
- Au.D. externs: Sun Mi Ong and Jay Vachhani who will be with us for their year-long externships

- Sarah Weidman, high school summer volunteer
- Welcome back Patrick Tsukuda!

Congratulations to:

- Anna Diedesch on her marriage to Jamie Rouse

Goodbye and good luck to

- Rob Beasley, who is pursuing a Ph.D. in Psychology in the Pfotzschner Laboratory at SUNY-Buffalo

NCRAR Publications and Presentations April 2010 - July 2010

Publications:		
Billings CJ, Bennett KO, Molis MR, Leek MR. Cortical encoding of signals in noise: effects of stimulus type and recording paradigm. <i>Ear & Hearing</i> . In press, 2010.	noise for adults with hearing loss in the FM+HA listening condition. <i>Volta Review</i> . 2010; 110(1), 31-54.	audiometric systems to test human hearing. Conference Proceedings IEEE Eng Med Biol Soc. Submitted, 2010.
Folmer RL, Saunders GH, Dann SM, Griest SE, Leek MR, Fausti SA. Development of a Computer-based, Multi-media Hearing Loss Prevention Education Program for Veterans and Military Personnel. <i>ASHA Perspectives</i> . 2010; 6(1), 9-19.	Lewis MS, Lilly D, Hutter M, Bourdette D, McMillan G, Fitzpatrick M, Fausti S. Audiometric hearing status of individuals with multiple sclerosis and without multiple sclerosis. <i>JRRD</i> . In press, 2010.	Ellingson RM, Oken BS. Feasibility and performance evaluation of generating and recording visual evoked potentials using ambulatory Bluetooth based systems. Conference Proceedings IEEE Eng Med Biol Soc. Submitted, 2010.
Henry JA, Zaugg TL, Myers PJ, Kendall CJ. <i>How to Manage Your Tinnitus: A Step-by-step Workbook</i> , Third Edition. Plural Publishing Inc., San Diego, 2010.	Reavis KM, McMillan G, Austin DF, Gallun F, Fausti SA, Gordon JS, Helt WJ, Konrad-Martin D. Distortion-product otoacoustic emission test performance for ototoxicity monitoring, <i>Ear and Hearing</i> , 2010, 31(6).	Gallun FJ, Carlson J, Beasley R, Diedesch A. Predicting binaural interference for younger and older listeners. <i>JASA, Express Letters</i> . Submitted, 2010.
Henry JA, Zaugg TL, Myers PJ, Kendall CJ. <i>Progressive Tinnitus Management: Clinical Handbook for Audiologists</i> . Plural Publishing Inc., San Diego, 2010.	Saunders GH, Folmer RL, Griest SE, Dann SM. Development of a computer-based, multi-media Hearing Loss Prevention Program. Invited article. <i>Noise and Vibration World Wide</i> . 2010; 41(4) 8-12.	Lilly DJ, Hutter MM, Lewis, MS, Folmer R, Shannon J, Wilmington D, Bourdette DN, Fausti SA. Development of a "Virtual Cocktail Party" for the Measurement of Speech Intelligibility in a Sound Field. <i>JAAA</i> . Submitted, 2010.
Konrad-Martin D, James KE, Gordon JS, Reavis KM, Phillips DS, Bratt GW, Fausti SA. Evaluation of audiometric threshold shift criteria for ototoxicity monitoring. <i>JAAA</i> 2010; 21:301-314.	Submitted publications: Bennett KO, Billings CJ, Molis MM, Leek MR. Neural encoding and perception of speech signals in informational masking. <i>Neuroreport</i> . Submitted, 2010.	Silverman S, Cates M, Saunders GH. Is measured hearing aid benefit impacted by seeing baseline outcome questionnaire responses? <i>Am J Audiology</i> . Submitted, 2010.
Lawson N, Thompson K, Saunders GH et al. Sound Intensity and Noise Evaluation in a Critical Care Unit. <i>Am J Critical Care</i> . In press, 2010.	Dille MF, McMillan G, Wilmington D, Fausti SA, Konrad-Martin D. The influence of treatment and patient characteristics on cisplatin ototoxicity: the dose-hearing model. <i>Audiology and Neurotology</i> . Submitted, 2010.	Wilmington DJ, Konrad-Martin DL, Helt WJ, Dille MF, Gordon JS, Fausti SA. Ototoxicity Monitoring: program approaches and considerations. <i>Seminars in Hearing</i> . Submitted, 2010.
Lewis MS, Gallun F, Gordon J, Lilly D, Crandell C. A pilot investigation regarding speech-recognition performance in	Ellingson RM, Dille MF. Dynamic range considerations when designing PC sound card based	Presentations: Billings CJ, Tremblay KL. NeuroAudiology: how cortical evoked potentials can be used

NCRAR Publications and Presentations (Continued from Page 5)

<p>in the clinic. Presented at AudiologyNOW!, San Diego, CA, April 2010.</p>	<p>the Annual VA Rehabilitation Research and Development Centers of Excellence Directors' and Administrative Officers' Meeting, Pittsburgh, PA, May 2010.</p>	<p>AudiologyNOW!, San Diego, CA, April 2010.</p>
<p>Chisolm TH, McArdle R, Saunders GH, Smith S, Wilson R. Efficacy of auditory training for adults: preliminary results. Paper presented at the International Conference on Adult Hearing Screening. Cernobbio (Como Lake), Italy, June 2010.</p>	<p>Henry JA, Zaugg TL, Myers PJ, Kendall CJ. Progressive Tinnitus Management: How-to Workshop. Presented at Kaiser Permanente Annual CEU Training, Oakland, CA, June 2010. (invited workshop)</p>	<p>Lewis MS, Folmer R, Hutter M, Shannon J, Casiana L, Wilmington D, Lilly D, Fausti S, Fitzpatrick M, Bourdette D. Auditory training for individuals with multiple sclerosis. Poster Presented at AudiologyNOW!, San Diego, CA, April 2010.</p>
<p>Folmer R, Hutter M, Shannon J, Lewis MS, Wilmington D, Casiana L, Billings C, Fitzpatrick M, Fausti S, Bourdette D. Evoked potential measures of central auditory processing in patients with multiple sclerosis. Presented at AudiologyNOW!, San Diego, CA, April 2010.</p>	<p>Gagnon K, Henry JA, Myers PJ. Sensory Issues. Presented at A Team Approach to Veterans with Co-Morbid Conditions Conference, Lake Buena Vista, FL, June 2010. (invited Special Module)</p>	<p>Saunders GH, Gladd D, Richardson J, Silen R, Caldwell M. Noise in a VA Hospital. Poster presented at AudiologyNow, San Diego, CA, April 2010.</p>
<p>Gallun F, Diedeschen A. Evaluation of central auditory processing after blast exposure. Presented at the Spring Conference of the Oregon Academy of Audiology, Lake Oswego, OR, May 2010.</p>	<p>Henry JA, Zaugg TL, Myers PJ, Kendall CJ. Progressive Tinnitus Management: How-to Workshop. AudiologyNOW! Annual Conference of the American Academy of Audiology, San Diego, CA, April 2010. (invited full-day Learning Lab)</p>	<p>Saunders GH, Fausti SA, Helt P, Leek MR. National Center for Rehabilitative Auditory Research: A National Resource. Poster presented at the Annual VA Rehabilitation Research and Development Centers of Excellence Directors' and Administrative Officers' Meeting, Pittsburgh, PA, May 2010.</p>
<p>Gallun FJ, Souza PE, Hoover E. Evaluating hearing aid processing with an auditory model of modulation sensitivity. Presented at the 159th Meeting of the Acoustical Society of America, Baltimore, MD, April 2010.</p>	<p>Henry JA. Overview of Progressive Tinnitus Management. Videoconference lecture for AuD students at Northwestern University, Evanston, IL, May 2010.</p>	<p>Summers V, Bernstein JGW, Makashay M, Mehraei G, Melamed S, Leek MR, Gallun FJ, Molis M. Suprathreshold auditory processing and speech recognition in noise for hearing-impaired listeners. Presented at the 159th Meeting of the Acoustical Society of America, Baltimore, MD, April 2010.</p>
<p>Gallun FJ, Leek MR, Diedeschen AC, Henry JA, Saunders GH, Fausti SA, Folmer RL. Understanding and addressing the effects of blast exposure on the auditory system. Ongoing studies at the National Center for Rehabilitative Auditory Research. Poster presented at</p>	<p>Lewis MS, Hutter M, Casiana L, Shannon J, Wilmington D, Rooney W, Folmer R, Lilly D, Fausti S, Fitzpatrick M, Bourdette D. Behavioral CAP findings in patients with multiple sclerosis. Presented at</p>	<p>Sweetow R, Thibideau L, Clark JG, Saunders GH. Removing Barriers from Comprehensive Audiologic Rehabilitation. Special Session at AudiologyNow, San Diego, CA, April 2010.</p>

Hearing Education Center Booth (cont from Page 3)

headphones on the correct ears and to set the volume at a comfortable listening level. A brief video then introduces the program. After the video, participants may select among activities shown on the main menu screen (Figure 4).

The HLPP was developed for Veterans for use in an outpatient clinic or in a communal area of a hospital and possesses the following specifications: The program is modular in design so that users can select topics in which they are interested because, according to learning theory, adults learn best when information is practical and relates meaningfully to their lives. The program is self-administered. It does not require a professional to supervise or train users. The program is low maintenance and does not require upkeep from healthcare professionals. The software can be modified to implement changes to the program's content. The presentation volume level is adjustable to accommodate hearing-impaired individuals, since many Veterans have hearing loss. The visual components of the program are clearly visible, in accordance with published guidelines. The program has a reading level of between Grades 5 and 8, so that it is accessible to a large proportion of the adult population.

Initial installations of Hearing Education Centers will be at the following locations: Portland VA Medical Center, Madigan Army Medical Center (Fort Lewis, Washington), and Womack Army Medical Center (Fort Bragg, North Carolina). In versions of the program that will be delivered to military personnel, content was added to stress the importance of hearing loss prevention strategies that enable soldiers to carry out their missions more effectively and to maintain their fitness for duty. None of this content is included in the version of the program designed for Veterans, which puts more emphasis on quality of life issues and interpersonal communication difficulties encountered by people with hearing loss.

Previous studies of hearing loss prevention education programs found that it is relatively easy to increase participants' knowledge about how hearing works, and how hearing is damaged by loud sounds, how and when to employ protective strategies. However, it is more difficult to inspire participants to change existing behaviors and to implement new strategies in real-life situations. We hope that this interactive, multimedia education program will encourage people to employ hearing protective strategies on a regular basis. Dr. Saunders and colleagues will



Figure 3

What would you like to do or learn about?

Why, when, & how to protect my hearing	Different types of hearing protection
How do loud sounds damage hearing?	Do my ear plugs fit properly?
How loud is too loud?	Tinnitus (ringing in the ears)
Take a hearing screening test	Hearing health care services at the VA
What does hearing loss sound like?	National Center for Rehabilitative Auditory Research (NCRAR)

DONE

Figure 4

conduct a VA RR&D-funded formal evaluation to assess the effectiveness of the program for changing participants' knowledge, attitudes and behaviors related to noise exposure and hearing protection.

If the program aspires to have any significant impact on the prevalence of noise induced hearing loss or tinnitus, this will require wide dissemination and utilization. Ultimately, our intention is to make the program available to all Veterans, military personnel and other members of the public by making it accessible through the internet and medical centers throughout the country. Most of the educational content of the program can be delivered via computer anywhere and does not require sound-attenuated enclosures.

Funding for this work came from VA-DoD Joint Incentive Funding , and VA RR&D Grants #4844C and C7214R

Progressive Tinnitus Management Update

Progressive Tinnitus Management (PTM) is a comprehensive five-level approach to tinnitus care that was developed at the NCRAR. The methodology evolved in the process of completing five clinical trials that evaluated and developed different methods of tinnitus intervention. Conducting these studies not only provided efficacy data, but also identified procedures that were most efficient for clinical application.

A major premise of PTM is that most people who complain of tinnitus do not require extensive intervention. The method thus is “progressive” in that a hierarchical approach is used to provide clinical services only to the degree needed by individual patients. Because of the multiple dimensions of problematic tinnitus, clinical services are optimized by using an interdisciplinary approach (mostly between audiology, psychology, and otolaryngology).

Unique aspects of intervention with PTM include: (a) its emphasis on collaborative management by patient and clinician leading to self-management by the patient; (b) development and use of sound-based therapy customized to address patients’ individual needs; (c) application of evidence-based principles of patient education and health literacy; and (d) use of multiple modalities to provide education within the different stages of PTM.

PTM Books

Recently, NCRAR’s Drs. James Henry and Tara Zaugg, together with VA researchers Drs. Caroline Kendall and Paula Myers completed three books to support the clinical implementation of PTM. These books were recently published by VA Employee Education System (EES) and distributed to all VA audiology clinics. The books also were published independently by Plural Publishing Inc. to make them available outside of the VA.

Progressive Tinnitus Management Clinical Handbook for Audiologists

James A. Henry
Tara L. Zaugg
Paula J. Myers
Caroline J. Kendall



VA RR&D
NCRAR
Department of Veterans Affairs
Employee Education System



Two of the books are intended to be used by audiologists (*Progressive Tinnitus Management: Clinical Handbook for Audiologists*; and *Progressive Tinnitus Management: Counseling Guide*) and the third is a self-help book for patients (*How to Manage Your Tinnitus: A Step-by-Step Workbook*).

The NCRAR has a limited number of the EES versions of the books that can be provided to VA clinicians upon request. Non-VA clinicians and patients can contact Plural (pluralpublishing.com) to purchase the books (neither the authors nor the VA receive royalties).

Tinnitus Education Group

The NCRAR has sponsored a tinnitus education group since 1999. These groups meet about six times per year. The next group will be offered on August 18th and September 1st, and will feature the PTM information that is provided to patients by audiologists. This special **2-session** program will be conducted at the NCRAR facility. Please contact Dr. Zaugg to RSVP for this program (503.220.8262, x56608).

PTM Broadcast for VA Clinicians

On July 28th, NCRAR’s Drs. Henry and Zaugg, together with Drs. Kendall, Myers, and Eli Michaelides, will present Tinnitus Management the VA Way: Interdisciplinary, Patient-Centered, and Progressive (ANCC and ACCME accreditation available). ([click on \[http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=26616\]\(http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=26616\)](http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=26616) for more information, and for additional viewing times.)

The target audience for this broadcast is: Clinical staff providing care for Veterans with tinnitus to include audiology, psychology, nursing, and other clinical staff.

The purpose of this broadcast is to present up-to date information on PTM : a systematic, interdisciplinary tinnitus management program that includes five levels of clinical care: (1) Triage, (2) Audiologic Evaluation, (3) Group Education, (4) Interdisciplinary Evaluation, (5) Individualized Support. Each level of PTM will be described, with the focus on Levels 1-3 (which address the needs of most patients).

Conclusion

Although PTM is in its infancy, the program is the result of many years of research and development. VA Central Office has endorsed the program, and it is expected that PTM will be provided at most VA medical centers soon since all of the books have now been distributed. The method is considered “a work in progress” as we learn continually from both clinicians and patients. We welcome your comments and suggestions as we strive to improve the effectiveness and efficiency of PTM.