THE END OF AN ERA: AUDIOLOGY BECOMES THE INTERNATIONAL JOURNAL OF AUDIOLOGY

Jean-Marie Aran
Editor in Chief of Audiology

It is not an obituary, it is just about one more step in the metamorphosis experienced by many publications. ISA is no different, and our publications have changed as our Society has changed and grown through the years. In 1971, the editorial page of the first issue of Audiology reminded our readers that this apparently new journal was really a continuation of International Audiology (1961-1970), itself proceeded by the Proceedings of the International Society of Audiology (1953-1960). That is to say, the publications of ISA are about 50 year old!

Over the years, Audiology changed publishers from Karger to Decker. We added and then eliminated French titles and abstracts. We moved to a larger format (A4) and, in 2000 we included titles and abstracts in Spanish. All our moves have been designed to develop the "International" status of our Journal, in accordance with the spirit of our International Society of Audiology! Indeed we must recognise that, although the majority of the authors have been from Europe, many are from every part of the world. Out of the 161 papers published in Audiology during the last 4 years, 119 were from Europe, 24 from North America, 14 from Asia and Oceania, 3 from Latin America and 1 from Africa.

Over all, Audiology has published around 1190 papers, with about 1900 contributing authors. The journal has covered all the fields of our discipline, with successive waves of papers following new basic findings and the development of new techniques. For example, in all there have been 334 papers focused on auditory evoked potentials, with other key areas including impedance/tympanometry (95), active cochlear mechanisms and otoacoustic emissions (63), and cochlear implants (41). The main body of publications concerned audiometry (524), speech perception (201), age/aging (226), masking (173), middle ear (168), noise (134), hearing aids (124), psychoacoustics (50), epidemiology (48), tinnitus (47), the vestibule and the vestibulocochlear nerve (76) among others.

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Welcome to the newsletter. This is its second edition, and I hope you like the new concept. A couple of years ago I tried to publish a newsletter, but could not continue the work. I am very glad that our Past-President, George Mencher, has taken it up and continues to publish the newsletter. My last report about the activities of the Society was presented at the ISA Congress in the Hague, more than a year ago. I look back at that meeting with a lot of pleasure. It was good to see so many friends in my home country and to extend our hospitality to you. I want to thank my Brothers In Arms, Bert van Zanten and Jan de Laat for their effort and help as we organized the Congress. I also want to thank Tammo Houtgast, Chair of the Scientific Committee and President of the Dutch Society of Audiology and Inge van Rooij of the Leids Congress Bureau for their contributions.

At the end of his term as Editor-In-Chief of Scandinavian Audiology, Einar Laukli, announced his idea that there were too many journals in our field and that he had approached the British Journal of Audiology and the two were negotiating a merger. The merged journal would publish more articles, appear more often, and thus have greater impact on the field and secure a strong future. At that time, ISA announced an interest in joining the merger, but first contacts failed to start negotiations. At the meeting in the Hague, this failure was discussed by the International Society of Audiology Executive and General Assembly.

In November, 2000, at a meeting of Hearing International hosted by Pal Kapur in East Lansing, Michigan, we learned that a merger of the two journals had almost been achieved. At that time we considered the conditions negotiated between Nordic Audiological Society and British Society of Audiology, and we concluded that ISA could participate in a very similar way. The other societies were approached and talks started again. We had several meetings, primarily in Amsterdam, at which ISA was represented by George Mencher and myself. One major problem was the time pressure under which we had to conclude negotiations as the BSA and NAS had agreed to start their merged Journal by the start of 2002. A three-way merger had to be finalized by the same date in order to cooperatively select a publisher and make all the necessary arrangements. We worked out a lot of details, considering financial issues, and most important of all, the implications for our membership and achieving the goals of each Society. Some issues were very difficult to solve. For example, although all three societies wanted an international journal, the concept of what an international journal is differed as a result of a different constituency of each group. Nevertheless, we reached an agreement and are proud to announce our merged publication, the International Journal of Audiology, which begins in January, 2002.

The IJA will be a continuation of Audiology, the British Journal of Audiology and Scandinavian Audiology, quite a remarkable achievement. We are convinced that cooperation between the three owners will result in an excellent journal, a confidence strengthened by the fact that we found two excellent new Editors-In-Chief. The first two years of its existence IJA will be edited by Stig Arlinger of Linköping, Sweden and he will be succeeded by Ross Roeser of Houston, Texas, USA. We hope you will continue to submit papers to this journal in the same way as you have submitted papers to any of the three predecessors of the International Journal of Audiology.

Another matter that required attention was Hearing International. It had a meeting in Michigan, where a new executive was installed with Suchitra Prusansuk as President. The first sign of change was the announcement of financial support for research and the HI Centers. In the budget of ISA, support for a research project had been made. This money is to be combined with HI funds for use in a multi-national school screening research project.

Another important matter was the publication of new guidelines by WHO on the distribution of hearing aid and hearing aid services. In an earlier newsletter I informed you about the formation of working groups to produce these guidelines. ISA played a major role at the review meeting in Geneva and continues to be involved in a variety of WHO activities. We are now preparing for the ISA Congress, in Melbourne, Australia. You should have received a call for papers and a general plan for the Congress. We hope to see you there. If you have any questions or wish to contact me as General Secretary, send your e-mail to verschuure@kno.fgg.eur.nl
Currently, Audiologists in the U.S. practice with either a Doctorate or a Masters Degree. A medical degree is not required, and in further contrast to many areas of the world, Audiology and Speech-Language Pathology are separate and distinct professions. Over the years there has been considerable discussion between those representing Audiology (primarily the American Speech-Language-Hearing Association [ASHA] and the American Academy of Audiology [AAA]) and those representing the medical profession (primarily the American Academy of Otolaryngology-Head and Neck Surgery [AAO-HNS]) over the role each plays in hearing healthcare. To say the discussions have often been acrimonious would be an understatement. Therefore, the recent joint statement issued by ASHA and AAO-HNS is a landmark effort which deserves special note. Key parts of the paper define Audiologists as autonomous professionals who are an integral part of a Hearing Healthcare Team who collaborate with the other members to provide efficient access and best quality care to those with hearing and balance disorders. The statement recognizes that Audiologists practice independently to identify, assess, and manage disorders of the hearing and balance systems. In other words, Audiologists do not need supervision by the medical profession to do their job. Further, the statement says that the patient is best served with multiple points of entry into the system. The nationally accepted certification standard for audiologists is defined as the ASHA Certificate of Clinical Competence (CCC-A).

There are those who are not completely happy with the statement as it reads. In particular, the AAA has been critical of the fact that the statement does not say anything about the role Audiologists play in the fitting of hearing aids/amplification. However, at their recent meeting in New Orleans, ASHA officials indicated that this is only the first of a series of joint statements which will deal with all aspects of Audiology, Otolaryngology and Hearing Healthcare. Undoubtedly, this first statement and those that follow (including one on amplification) could impact members of ISA who live in countries where the requirements to practice are similar to those of the U.S. We will keep you informed of developments. GTM

**JOINT STATEMENT OF THE AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION AND THE AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY**

More than 28 million Americans suffer from hearing impairments, but only 20% seek help for their hearing loss. With the goal of building public awareness of hearing loss, its causes, its prevention, and treatment/rehabilitation options available from hearing professionals, the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) has launched America’s Hearing Healthcare Team Initiative. The Team consists of the otolaryngologist-head and neck surgeon, audiologist, hearing instrument specialist, primary care physician, consulting physician, nurse, speech-language pathologist, educator and researcher.

As the physician leaders of the Team, the AAO-HNS has invited other professional member organizations to join the Initiative. The American Speech-Language-Hearing Association (ASHA), the professional association of audiologists and speech-language pathologists, is one of the organizations joining the Hearing Healthcare Team.

The two associations have agreed to the following definition of audiologists and their role on the Team:

Audiologists are autonomous professionals and an integral part of America’s Hearing Healthcare Team. They collaborate with otolaryngologists and other members of the hearing healthcare team to provide the most efficient access and best quality care to children and adults with hearing and balance disorders. Audiologists may practice independently to identify, assess, and manage disorders of the hearing and balance systems. The nationally accepted certification standard for audiologists is the ASHA Certificate of Clinical Competence (CCC-A).

The Team Initiative has been endorsed by the American Medical Association and the American College of Surgeons. Additional organizations are being recruited for endorsement and support.

Upon ASHA’s joining this effort, the AAO-HNS and ASHA agree to the following concepts:

- The patient is best served by a team approach, with multiple potential points of entry to the hearing healthcare team through various team professionals.
- The team approach is the best, most effective method for expanding access to care and enhancing the treatment of hearing and balance disorders.
- Audiology and otolaryngology mutually recognize each profession as integral and autonomous members of the hearing healthcare team.
- Educational and clinical collegial cooperation creates the most beneficial relationship among team members.

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Ernest Konig, Editor from 1971 to 1982, did an extraordinary job setting up *Audiology* as a high quality publication, both in content and presentation. It was a great honor and wonderful opportunity for me to take over in 1983. As Editor, I have greatly benefited from the help of two sets of Associate Editors: Ernest Konig and Dixon Ward, followed by Dai Stephens and Rich Tyler. It has been a great privilege to work with these very dear colleagues, together with the Editorial Board and external reviewers (some of whom I have chased over the years to get good reviews in due time!).

This has been an exciting job, and I do want to express to all of them, and to all the authors who trusted our journal, my very sincere thanks for their work. Without their efforts *Audiology* would not be what it has been over the years: one of the best journals specifically devoted to the field of Audiology.

I am truly confident that under the guidance of the International, British and Nordic Audiology Societies and the new editorial team led by Stig Arlinger, the *International Journal of Audiology* will serve our profession even better than we have over these last 40 years. I am sure that the IJA will become the preferred place for exchange of ideas through the publication of a large body of papers at the highest scientific and clinical levels.

Long Life To The International Journal Of Audiology!

NEW ARRANGEMENT FOR DUES SAVES MONEY!!

Effective 2002, the International Society of Audiology will introduce the possibility of paying your dues for two years, AND saving a considerable amount of money by doing so. Dues for the one year, 2002, have been set at $65 USD or 72 Euros. However, now instead of just paying one year’s dues, you can pay two year’s dues (2002 and 2003) at only $55 USD per year for a total of $110 (122 Euros). This represents a 15% savings at $20 USD or 23 Euros!

What do you get for your dues??
- The International Journal of Audiology (8 times per year)
- Audi News—The ISA newsletter
- The Hearing International Newsletter (quarterly)
- Organization of biennial congresses (Members receive a significant discount in registration fees!)
- Organization of lectures, workshops and meetings in cooperation with affiliated societies
- Participation in and representation at international meetings such as the World Health Organization, and the Council of International Organizations of Medical Sciences (CIOMS)

GET IJA..A DISCOUNT AT THE CONGRESS.. AND MORE!

ASHA & AA-HNS Statement...
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- An appreciation of the skills and training of each professional group, including the diagnostic and medical/surgical treatment capabilities of the otolaryngologist and the identification/assessment/rehabilitation capabilities of the audiologist, enhance such cooperation.

- Because both longevity and environmental toxic noise are increasing, the number of Americans with hearing and balance disorders will grow during this decade, creating additional need for America’s Hearing Healthcare Team.

- America’s Hearing Healthcare Team is committed to increasing public awareness of the impact of hearing loss and removing barriers to effective services for the large population of hearing-impaired persons currently unserved.

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DID YOU KNOW? FULL-TIME STUDENTS CAN OBTAIN A PHONAK SCHOLARSHIP AND JOIN ISA FOR $25 (30 EUROS)? ASK US!!
A Challenge From Sharon Fujikawa, President-Elect

The tragic events of these past few months overshadow our daily activities. However, we must look forward and not lose track of our vision for our lives and our professional commitments. As I look forward to the Congresses in Melbourne in 2002 and in Phoenix in 2004, I would like to challenge all of us involved in hearing and hearing loss to look to the future. I believe a goal throughout the world is to raise the level of education and training of persons who offer clinical services to individuals with hearing impairment. It is recognized that education and training must meet the unique needs of a country or region. Thus, in addition to hearing scientists, we see audiologists educated as physicians in some parts of the world, as clinical doctors or with other academic degrees and as technologists in others. Whatever the current baseline in your area, I believe the challenge is to have the vision and plan to upgrade for the future. Audiologists in the United States are currently in the process of defining the entry level of audiology as a professional doctorate (the Au.D.). While I understand this model may not generalize to the rest of the world, the breadth and depth of new information related to hearing demands that basic education in audiology be expanded.

One of the ways practicing audiologists maintain currency of knowledge is to attend professional conferences. The International Congresses of Audiology are excellent vehicles for this education and we look forward to the round tables, platform presentations, posters, exhibits and informal exchanges with colleagues. During the Congress in Melbourne in March, 2002, I will have the honor of assuming the role of President of the International Society of Audiology for the 2002-2004 term. During my term of office, I would like to challenge each of us to become aware of audiological education in our country and to become mentors for students and beginning audiologists. Specifically, I would like to ask ISA members to look for an outstanding student in your country or region and develop a plan to sponsor that individual to the Phoenix Congress in 2004. Although this may sound like an expensive task, by early planning, I'm sure we can think of innovative ways to raise funds for this sponsorship. Just think of how the Congresses motivate us as we return to our practices and our labs. The Congress will certainly inspire students as they pursue their studies in hearing science and audiology.

As you develop plans for the Student Initiative, please send me an e-mail (sfujikaw@uci.edu). Let me know what you are doing to select a student and how you will fund the student (government grant, individual donation, a community effort). But please, get the students involved!! Our challenge is the continued growth of our profession. We can only be assured of this by mentoring the new generation.

TO: SIEMENS HEARING INSTRUMENTS — “THANKS!”

The Editor and the Executive of the International Society of Audiology would like to express appreciation to Siemens Hearing Instruments for their support of this newsletter. It is through their generosity that we are able to continue to bring you this publication. The next time you visit a Siemens’s booth or see a Siemens’s representative, please pass on words of appreciation.
SEE YOU IN MELBOURNE!!

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