



JIM JERGER

By the

LETTERS

BY DAVID FABRY

Commemorating the 20th anniversary in 2008, the American Academy of Audiology's board voted to declare January 30 Founders' Day. *Audiology Today* was able to sit down recently with Dr. James Jerger, "the" founding member, first president, and host of the 1988 meeting.

On January 30, 1988, 32 audiologists met in Houston, TX, to discuss the formation of a national professional organization of, by, and for audiologists.

Now, over 20 years later, the American Academy of Audiology comprises over 11,000 members, and it has become the world's largest professional organization of audiologists. Seven of the founding members (so far!) eventually served as Academy presidents, and the majority served in leadership roles for the Academy. The diversity and breadth of experience that they brought to the initial gathering provided the foundation for the Academy to advance the science and practice of audiology, and to achieve public recognition for audiologists as experts in diagnosis and treatment of hearing and balance disorders. By focusing on education, research, and clinical practice, the founding members of the Academy ensured that the profession of audiology would be guided by the pillars essential to any autonomous discipline.

Commemorating the 20th anniversary in 2008, the American Academy of Audiology's board voted to declare January 30 Founder's Day. *Audiology Today* was able to sit down recently with Dr. James Jerger, "the" founding member, first president, and host of the 1988 meeting.

Dr. Jerger is currently the distinguished scholar-in-residence in the School of Behavioral and Brain Sciences at the University of Texas at Dallas (UTD). Dr. Jerger was a student of Dr. Raymond Carhart, and he received his PhD from Northwestern in 1954; Carhart served as a subject in his dissertation, which investigated intensity discrimination in persons with sensorineural hearing loss. Subsequently, Dr. Jerger continued as a faculty

member at Northwestern, followed by a two-year stint in Washington, DC, with Gallaudet and the Veterans Administration. In 1968, he moved to Houston, where he remained for nearly 30 years, at Houston Speech and Hearing Center, Baylor College of Medicine, and the Methodist Hospital prior to moving to UTD in 1997.

Dr. Jerger has been the editor-in-chief of the *Journal of the American Academy of Audiology (JAAA)* since it was established in 1989. He has authored or coauthored over 300 publications, and through his alter-ego "Acronym Jim" has made an indelible impression on the vocabulary of every audiologist. To commemorate Founder's Day, Dr. Jerger was able to spend a few minutes talking with *Audiology Today*.

AT: Thank you, Dr. Jerger, for taking time out of your schedule to speak with us. Looking back, are there any of your publications that you are particularly proud of? Are there any that you wonder, "What was I thinking"?

JJ: My very first paper, "A Difference Limen Recruitment Test and Its Diagnostic Significance," was published in the *Laryngoscope* in 1952. I hand-carried a reprint to the then head of the speech pathology and audiology department at Northwestern, Dr. Harold Westlake, and presented it proudly. He took a brief look at it, smiled at me, and said, "I would pay \$25 a copy if I could buy back all the reprints of my first paper." I was crestfallen at the time, but after sober reflection over many years I realized that this was pretty good advice for an aspiring researcher.

Yes, there are a few papers that I am particularly fond of. One is the monograph, "Bilateral Lesions of the Temporal Lobe," which was published by *Acta Otolaryngologica* in 1969. Norbert Weikers, Frank Sharbrough, and Susan Jerger were co-authors. I like to think that this was a remarkable case study adding some fuel to the budding interest in auditory processing disorders in that period. Another, of course, was the 1970 paper, "Clinical Experience with Impedance Audiometry," published in the *Archives of Otolaryngology*, which continues to be cited to this day. Still another that comes to mind is a little-known paper, "Some Relations Between Normal Hearing for Pure Tones and for Speech," which was published in the *Journal of Speech and Hearing Research* in 1959 and co-authored with Ray Carhart, Tom Tillman, and John Peterson. This paper stands out in my

memory because we executed a five-factor, repeated-measures analysis of variance with the sole aid of a World War II vintage Friden electric calculator. Today's students, with easy access to computers and statistical software programs, do not appreciate the privations we had to endure in those times. Trudging through the snow for miles just to get to the lab is another story, which I would detail if there were more space.

Well, something about those long Evanston winters, however, certainly served as a catalyst for academic and professional productivity! Fast forward to today—what one research area do you think deserves the most attention?

Without question, it is an area that we might call "cognitive audiology," that is, the extent to which human cognitive processes impact our diagnostic measures and our rehabilitative efforts, especially in elderly persons. We are only in the beginning stages of understanding how factors such as memory, attention, vigilance, and speed of mental processing affect the accuracy and validity of our measures; how they influence our efforts to diagnose auditory disorders; and how they impact our efforts to restore communication abilities to hearing-impaired persons. The interactions among cognitive variables and auditory training programs is one particularly fruitful area for further research.

It must have been a very special time at Northwestern in the 1950s and early 1960s; other than Carhart, who were your strongest early mentors?

Helmer Myklebust (Myke) and John Gaeth. When I had finished my undergraduate degree, and was looking around for a graduate program, it was Myke who encouraged me to stay at Northwestern and persuaded Ray Carhart to give me an assistantship. Myke was a unique individual who combined the skills of a clinician with a dedication to research on the issues revealed by his clinical work. It was a model that I have earnestly tried to emulate. Shortly after Myke arrived at Northwestern in the late 1940s, he set up a clinic to evaluate children suspected of hearing loss. He and his graduate students personally interacted with every child and parent. This work led him, in short order, to the concept of auditory disorders in children with otherwise normal hearing, a singular achievement for that era. John Gaeth was a good friend. We lived near each other in Glenview, IL, and often



Academy Founders

Lucille Beck	Vernon Larson
Fred Bess	H. Gus Mueller
Tomi Browne	Frank Musiek
David Citron	Jerry Northern
Michael Dennis	Wayne Olsen
Leo Doerfler*	George Osborne*
David Goldstein	Anita Pikus*
James "Jay" Hall III	Ross Roeser
Maureen Hannley	Roger Ruth*
Robert Harrison	Daniel Schwartz
Linda Hood	Brad Stach
John Jacobson	Laszlo Stein*
James Jerger	Roy Sullivan
Susan Jerger	Richard Talbott
Robert Keith	Laura Ann Wilbur
Paul Kileny	Don Worthington

*deceased

With an unexpected snowfall in Dallas, Dr. Jerger remembers the winters in Evanston, IL, and how much fun the snow can be.

commuted to Evanston together. Gaeth's pioneering work on the speech recognition problems of elderly persons led me to a lifelong interest in aging in the auditory system.

It is fascinating to consider the impact that mentors make on our thought processes and future direction. I always remind students and "future" leaders of the Academy to seek out and thank their mentors, as we are all products of our environment. If you were starting out in audiology today, which area within our scope of practice would you focus on?

Without question it would be evaluating the benefits of amplification and/or auditory training. Clearly this area is the core of our profession. It is our sine qua non. And it cries out for more imaginative research. The techniques and procedures available today are primitive in comparison with the sophisticated signal-processing and computer capabilities available to hearing aid engineers. A young person just starting out in this area has a clear field ahead, and accountability will be our number one consideration for many years to come.

How many audiology academic training programs should our field have?

Somewhere between five and 10. I wrote an article on this for *Audiology Today* not too long ago. I noted that, across a variety of doctoral professions, the ratio of training programs to the size of the membership of the profession was remarkably constant. To be consistent with the professions of medicine, law, dentistry, optometry, and veterinary medicine, the number of AuD training programs should be five rather than the present number, which at last count was in excess of 75.

Why is this a problem? Because the size of the membership of a doctoral profession largely dictates the resources available to training programs. If we study the history of other doctoral professions we must conclude that only a profession very much larger than ours has the faculties, research support, training, and externship facilities to mobilize 75 programs capable of providing quality doctoral education.

What do you think should be audiology's number one priority for the next 10 years?

Having our own accreditation process. It is absolutely essential that we break the bond that ties us to ASHA



E.A.R. SOUND CHECKER™
Personal Sound Level Meter

Announcing new E.A.R. Sound Checker™
Protects hearing by easily checking surrounding decibel levels.

Just point the E.A.R. Sound Checker™ toward a sound source, press the button and three LED Lights indicate if sound levels are safe or dangerous, helping the user determine whether hearing protection should be worn.

Uses include shooting, music, dance clubs, military, law enforcement, industrial, sporting events, etc.

Every hearing professional dealing with hearing loss should have one!

To order:
www.earinc.com
or call 800-525-2690.

800-525-2690 • www.earinc.com • www.EARsoundchecker.com

A photograph of a hand holding the E.A.R. Sound Checker device. The device is a small, white, handheld device with three LED lights on top. The background is dark and blurry, showing a person playing a guitar.

accreditation. Until we have control of the process of accrediting training programs in audiology, our development as an independent health-care profession will be

unduly influenced by a different model for the delivery of clinical services, by persons trained at a different level, in what is in many ways a different field of endeavor. Reducing the number of AuD training programs to a manageable level can be achieved only through the process of accrediting training programs. We must have this under our own control.



Greta Stamper receives a AAA Foundation Jerger Award for Excellence in Student Research from Dr. James Jerger in 2009.

Well said. On a related topic, the transition from the MA/MS to the AuD has resulted in fewer students achieving their PhD. Has the AuD degree hurt the scientific productivity of the field?

I think it is too early to say. There certainly continues to be a justifiable concern that the number of PhD candidates will decline to an unsafe level. Many have expressed the concern that individuals who, in former days, would have entered PhD programs are lost to research as they enter AuD programs instead. But that was already the case in the many previous programs where the PhD was essentially a “clinical degree” to begin with. There are, in our midst, many holders of the PhD degree whose contribution to the research base in our field has been minimal. But I suspect that people with a bent for research will find a way to get into it. I am somewhat encouraged, for example, by the fact that research submissions to the *Journal of the American Academy of Audiology* have shown a steady rise in contributors with AuD degrees over the past year. Another positive sign is the development of a combined AuD/PhD program at a small number of our training institutions. Here at the University of Texas/Dallas, for example, a combined program under the leadership of Ross Roeser is already underway.

What has been the secret to your amazing sustained productivity?

There are actually three secrets:

1. During the 29 years that I spent in the Department of Otolaryngology at the Baylor College of Medicine and the Methodist Hospital in Houston, I played the dual role of head of the audiology clinic and head of audiological research. This meant that I could coordinate the gathering of research data with the daily clinical evaluation of patients. That made it possible to amass data from large samples over comparatively short time periods.
2. In addition, I met with the clinicians for 30–45 minutes at the end of every workday. We reviewed case

Acronym Jim

Lyrics by: Charles (Chuck) Berlin
Sung to the tune of: “It Had to Be You”

He’s Acronym Jim
Jim Jerger...that’s him.
Took us from SPAR
to ABR
Through SISI and SPIN.
Then to SSI
He’s that kind of guy,
First ICM, then CCM
and now the 3-A we’re in.
He’s Acronym’s PAL,
That’s why we have SAL
and SWAMI and RASP
and Listening Tasks
with Crockett et al.
But nobody else gave us this list,
which is why we all can’t resist,
old Acronym JIM
He’s Acronym JIM, a
Jewel
In our
Midst

findings, discussed unusual results, and shared ideas for research studies. In this environment, I was able to coerce the clinicians to try new ideas and new procedures of particular interest to me. When, for example, the first commercial electroacoustic impedance bridge became available in the late 1960s, many individuals assumed that the data would be of interest only in the case of middle ear disorder and confined testing only to these patients. But I insisted that the new procedure be carried out on every consecutive patient coming through the clinic. This quickly led to the realization that results in patients with sensorineural loss and central disorders were even more interesting than results in conductive loss. My research colleagues at other institutions are frequently frustrated by their inability to influence the data gathered by clinicians at their institutions. The result is a chasm between what the researcher wants and what the clinician is willing to provide, a situation that perseverates the clinical versus research dichotomy in our profession.

3. I have enjoyed, over the years, the benefit of a sequence of extraordinary students whose interest, dedication, and persistent questioning have kept me relatively honest.
4. I was unusually fortunate in the choice of a wife, my helpmate of 46 years, Dr. Susan Jerger. She has been a constant source of inspiration through her own distinguished research career.

Indeed she has; it was my great privilege to serve as section editor for *Ear and Hearing* during her tenure as editor of that journal. Congratulations to both of you, and all of the other Academy founders, for your efforts on behalf of audiology. We owe you a great debt of gratitude! 🎉

David Fabry, PhD, is the content editor for Audiology Today. He is also the managing director of sales at Starkey Laboratories in Eden Prairie, MN.

Dr. Jerger Retires

After more than two decades as the editor-in-chief of the *Journal of the American Academy of Audiology (JAAA)*, James Jerger, PhD, announced in the October 2010 issue of the journal that he will retire from his post on December 31, 2011. President Patti Kricos offers her thanks on behalf of the Academy: "It is difficult to overstate the debt of gratitude owed to Dr. Jerger for his commitment to research, to the organization, and to the profession as demonstrated by his 22 years of distinguished service at the helm of JAAA."

Shortly after founding the Academy itself in 1988, Jerger and fellow founding member Brad Stach, PhD, requested that the association publish a scholarly journal. Since its inception in 1990, Jerger has given great portions of his time, energy, and even his home office (particularly in the days before electronic peer review) to making JAAA the eminent publication it is today. Over the past two decades, the journal has tripled in published pages, moved to online submission and publication, gained subscribers in 20 countries on six continents, garnered inclusion in nine databases and the Journal Citation Reports, and in 2010, saw its greatest number of submissions, all of these developments possible because of the tireless efforts of editor-in-chief Jerger. Never has he departed from his vision of producing a journal devoted, as he writes in the introduction to his 2008 book *Audiology: An Editorial Journey*, "to the special interests and special needs of clinicians" (Jerger, 2008, p. viii).

Although it will be impossible to replace a figure as foundational to the profession and the association as Jerger, the search for a new editor-in-chief is underway. The tenure of the new editor will begin on January 1, 2012, and a new era—one built on the foundation of James Jerger's extraordinary leadership—will begin for the Academy's journal.

Reference

Jerger J. (2008) *Audiology: An Editorial Journey*. Reston, VA: American Academy of Audiology.