

# A Personal Experience

By Doris Gordon


**A**s executive director of ACAE, and, I hope, as a responsible professional and ethical colleague, I believe in maintaining the highest educational standards and reviewing all evidence-based practice. I think most audiologists share this point of view. Although I am not an audiologist, I have had a respect for and a close professional relationship with and understanding of the profession for the past six-plus years. My area of expertise is in accreditation, higher education, and health care. I have come to admire and fully believe in the AuD and ACAE's rigorous requirements for achieving this degree. It is more than evident that both competence as an audiologist and the continual seeking of advanced knowledge are critical for this profession, as audiology becomes recognized as a household word throughout the United States and the world.

That said, I have been amazed at the general lack of understanding that the public has about audiology, the AuD, and the standards of excellence it promulgates, and the sheer competence necessary for every practicing audiologist to have.

Recently, this came to light for me personally. An older friend, who is highly educated and well known within the Washington, DC, community, became frustrated on discovering his hearing loss. My friend makes public appearances on a regular basis and was frustrated with being unable to hear questions from his audience. Seeking help, he went to a variety of hearing dispensers who charged thousands of dollars for devices that were next to useless. Although hearing tests were performed, there was no rigorous, comprehensive evaluation nor explanation provided about his loss. Further, there was no proper fitting of devices to determine what was appropriate for him, and there were no follow-up examinations. Blatantly stated, the customer was just asked to pay upfront.

Fortunately, he told me about his experience, and I inquired with one of our ACAE board members living in Washington about a recommendation for him. She immediately provided the name of a qualified audiologist who saw my friend right away. He told me that the experience with the audiologist compared to that with the hearing aid

dispenser was like night and day. The clinical audiologist provided a complete evaluation, an explanation of his hearing loss problem, and a summary of what might be helpful to him. Most important, she stated she would work with him until they both were satisfied. She emphasized that the problem would not be solved overnight and he would need to go through a trial and error period until they resolved the situation. His hearing loss was not magically cured, but, now, he had confidence that he was receiving the highest level of scientifically based treatment.

I hope that the public will come to look for the AuD credential when seeking help with hearing problems. Our responsibility is to assure them that every AuD is a product of a university program that adheres to the highest standards. I am pleased to report that through the accreditation process already established by ACAE, that assurance is in place. 

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