

## Get to know... Dr. Robert Sweetow!



"I grew up in Chicago, went to the University of Iowa for my B.S., to the University of Southern California for my M.A. and to Northwestern University for my Ph.D. I have only had two jobs as an audiologist. The first at a community, non-profit Hearing and Speech Center, and for the past twenty years at the University of California, San Francisco.

I have written twenty five textbook chapters and over 100 scientific articles on counseling, tinnitus, amplification and rehabilitation. I was a former member of the Board of Directors of AAA. My research interests include amplification, counseling and rehabilitation, neuroscience, and tinnitus and I am the developer of the interactive, adaptive computerized auditory training program LACE (Listening and Communication Enhancement). I was awarded the Distinguished Achievement Award by the American Academy of Audiology in 2008."

**1. Random Question: "What super power would you most like to have, and why? Given the fact that I like to get a million things done each day, probably the super speed of Superman or the Flash (although I would hate to have to wear the Flash's uniform, (not that I would relish wearing around Superman's cape and Speedos).**

**2. What type of setting do you work in? I work in a hospital setting at a very large Medical Center.**

**3. Describe a typical day at work (e.g., do you work with children and/or adults?) Do you also provide non-AR services where you work? I see patients about 50% of my time. I used to see a lot of pediatric patients but now most of my work is with adults, mostly hearing aid patients and tinnitus patients. As Director, I tend to also see the rich and famous (and angry, difficult personality) patients.**

**4. What are your favorite AR techniques or tools? I am a firm believer in extensive counseling that incorporates amplification with listening skills and communication strategies. This was the foundation that led me to develop LACE. I also believe that helping the patient establish time-based, realistic expectations is vital to success. It is not enough to tell the patient what to expect, you also have to explain when to expect certain things to happen.**

**5. When you started college, what was your intended major? I was not a particularly good student. In fact, I only got into college because I was a good athlete. My first declared major was pre-dentistry. But in those days the patient had to spit in a receptacle and since I am left handed and most dental equipment was designed for right handed people, I decided I didn't want patients to spit on me.**

**6. When did you become interested in AR? When I recognized that hearing aids alone can't solve the patients' true problems, and that hearing aids are only a portion of AR.**

**7. Why did you choose AR as one of your specialties in Audiology? Because most audiologists fall themselves into thinking they are providing comprehensive AR when in fact they are only providing hearing aids and basic instruction. I thought my visibility might help audiologists understand there is more to it.**

**8. What do you most like about AR? Having a patient tell me that now they really get it!**

**9. What are the greatest rewards of providing AR services? Same answer as above**

**10. What types of outreach or volunteer work do you do, if any? I speak to a lot of community groups. I used to coach in the Special Olympics.**

**11. From your perspective, what is the biggest challenge facing AR (or Audiology) today? Clearly the biggest problem is getting audiologists and patients to take the time to do it. We need to ingrain the importance of comprehensive AR into our professionals and patients the same way that Physical Therapy does.**

**12. What is the best way to prepare for a career or position that involves AR? Become a good counselor, and make certain that whoever you work does not restrict your time so much that you can't do a complete job.**

**13. What do you see as the current trends and hot issues in the field of Audiology in general, and in AR in particular? With the popularity of open fit hearing aids and other cosmetically acceptable devices more people will be willing to wear amplification. But audiologists must stress that wearing the device is not the end of their responsibility if they want to improve their communication skills.**

**14. What changes have you observed in the practice or utilization of AR in the last 5 to 10 years? Not enough, Although I do notice more papers and more courses emphasizing AR. Still, it is not ingrained as the centerpiece of our work, which it should be. There is still too much emphasis on product, and not enough on process, and not enough audiologists recognize the importance of comprehensive AR.**

**15. Where do you see AR in 10 years? Hopefully, more audiologists will embrace it and there will be better and more tools available. Also, I hope to expand the applicability of LACE.**

**16. What trade magazines, journals, or professional associations do you think have been most helpful for your professional development? We need ARA to help focus the larger professional organizations on the importance of reimbursement. AAA, ASHA, and ADA must maintain the trend of more courses at their conventions, but they also must place a greater emphasis and effort of changing reimbursement patterns. In addition to the professional journals, the Hearing Journal, and the Hearing Review enjoy great readership because they are simple to read.**

**17. What web sites do you find yourself visiting as you provide AR services? I have looked at websites created by many of the ARA leaders, particularly Pat Kricos and Linda Thibodeaux.**

**18. What steps would you recommend a student should take to prepare to enter the field with a strong AR background? Take extra coursework in counseling and practice the training you are going to ask your patients to do yourself.**

**19. Do you have any advice for students? Challenge yourselves and your instructors. If you are not getting enough education in AR, ask why. And If you're really good, please apply for an externship at UCSF :-)**

**20. What are your thoughts on the lack of third-party payments for audiologists who provide AR services, in contrast to the reimbursement for speech-language pathologists who provide AR services? It is appalling and it is one of the reasons I support ARA and its effort to get these rules changed. Unfortunately, now is a particularly challenging time to get changes to CPT codes, but we must keep trying to do what we know is right. Someday, it will happen!**