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**Title:** DETERMINING SPEECH PERCEPTION PERFORMANCE FROM COCHLEAR IMPLANTS

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**Abstract:** There are no uniform guidelines for determining benefits received from cochlear implants. It can be difficult to categorize the performance of an individual with a cochlear implant because of the tremendous variability in this population. Variables such as amount of residual hearing before the implant, age of implantation, and etiology of hearing impairment are some of the factors that can determine success with a cochlear implant. Although some studies have reported speech perception performance, there is no general agreement about what is considered “excellent,” “good,” “fair,” and “poor” benefit/performance with a cochlear implant. Many studies have reported change in performance over time for groups of cochlear implant users, but there is no standard to determine if individual cochlear implant patients are performing well. Without a standard, audiologists are left to make individual decisions about whether something should be done to modify an individual’s performance by changing cochlear implant settings, recommending therapy, or making other recommendations that might improve performance. A survey was administered to approximately 150 audiologists, auditory therapists, speech-language pathologists, teachers of the deaf, and physicians working with cochlear implant recipients. The survey assessed how they describe speech perception scores and which speech perception test protocols audiologists use to evaluate cochlear implant recipients. While almost all individuals surveyed agreed that the qualifier of “excellent” speech perception was between 90% and 100%, the qualifiers of “good,” “fair,” and “poor” varied significantly, with “good” scores between 89% and 40%. The audiologists surveyed were asked to report the presentation level, signal-to-noise ratio, type of noise, and speaker azimuth that are used to evaluate children with cochlear implants. These reports also varied significantly. This small sampling of clinicians used very different qualifiers to describe speech perception, as well as varied testing protocols. It is difficult to interpret reports of performance or to manage patients with this much variability. Review of these variances should lead to a discussion of how to evaluate and describe speech perception more uniformly.

**Learning Outcome:** Attendees will be able to identify criteria for determining excellent, good, fair, and poor speech perception and will be able to evaluate appropriate test protocols.

**Bio:** Jane Madell is director of the Hearing and Learning Center and co-director of the Cochlear Implant Center at The Ear Institute, The New York Eye and Ear Infirmary, and professor of clinical otolaryngology at Albert Einstein College of Medicine and New York Medical College. Madell is a certified audiologist, speech-language pathologist, and auditory verbal therapist.