Genie 2: Navigating Oticon's Fitting Software

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Foreign hello and welcome. My name is Amanda Lawrence and I am a senior education and training specialist at oticon. So thank you for joining me as we will dive into the most utilized tools and resources in oticon's fitting software, Genie 2. So whether you're new to Genie 2 or a familiar user, it is my hope that you will increase your understanding of how to best utilize the software to meet your patients needs. So to that end, by the end of this course you will be able explain the required steps to complete an initial fitting for Oticon products, find the More Sound intelligence screen, and be able to adjust settings to meet patients needs and listening preferences.

List at least three fitting tools available in the software. So here are the risks and limitations inherent in today's course. Please note this slide will be in your course handout. Okay, with that, let's jump in. First thing to note for today's discussion, the structure of Genie 2 software is the same for all current Oticon devices.

For this course, I will be demonstrating the fitting tools and features utilizing Oticon's current premium product, Intent 1. Okay. Before intent devices can be connected to Genie 2, two things must happen. First, the speaker units must be attached. So this is different than our previous product families.

Intent utilizes the new Mini Fit Detect speaker which has its own chip and it communicates with the device. So therefore, Genie 2 will not let you proceed with the connection if the speaker units have not been attached. So with the speakers attached. Second step, you will deactivate battery protection mode. This is actually the same as with our previous rechargeable products.

You will deactivate battery protection mode by dipping the hearing aids in the charger, waiting for the LED to turn orange. Removing the hearing aids from the charger, LED will turn green and the hearing aids are ready to connect to the software. So it is important to note hearing aids actually arrive with enough charge to complete this initial fitting. But we do encourage fully charging the devices prior to programming. All right, side note, this is convenient.

Sometimes helpful feature in Intent is the ability to program while the devices are in the charger. So if you have Mr. Smith on the schedule and he is coming in for adjustments and he also comes in with dead hearing aids, you are able to put them in the charger connect and then actually leave them in the charger while you're programming. So that can be helpful in those situations. All right.

Intent devices are awake, speakers are put in. You will connect to the software using NOAA link wireless 1 or 2? 2. Okay. When you launch the software, you will notice the newest version of Genie 2.20.25.1 actually received a new look.

So the goal was to optimize the fitting flow. We really wanted to focus on a comfortable and clean look. We wanted Genie 2 to be a modern yet familiar tool for you.

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You will notice the newest version of Genie 2 2025.1 it received a new look. The goal was to optimize the fitting flow and focus on a comfortable, clean look. Genie 2 is modern and yet familiar tool. The menus you will actually find all in the same order as you have been previously utilizing. The fitting steps are actually now on the left.

They're moved from the previous placement across the top and they are renamed welcome, Prepare, Fit and Finish. The sidebar or the sub menu for each screen can be pinned or collapsed to give you more viewing area. And I will actually show you how to pin and unpin the screen when we enter the software. So from the welcome screen, after you've attached the speakers, wake up the hearing aids. Press Connect.

Once detected, here is the information you will see in Genie 2. First, the fitting level of the attached receivers. Wire length for each receiver Receiver I personally appreciate this a lot for when someone in the office calls back and asks Mr. Smith needs a new receiver, can you tell me what size he utilizes? And I'm like did I write that down?

Oh so now fortunately it is recorded in genie and so I'll show you where to find that. That is probably one of the things I was most excited about. It will also read left and right side. So based on which is mounted, what receiver you have mounted. But if you would like to confirm correct side is actually assigned, you can still click on the musical note button.

It's going to play a melody LED light will actually flash on that same side. Do note if you did not attach the speakers, Jeanne will give you an alert that you need to attach them before you can proceed with the fitting. Once connected, we'll push connect and then it will come up to the Prepare screen. All right, before I dive in today, I'm going to first kind of give you just a let's look at just how the software is laid out so you will see the main menus down the left side. Welcome, Prepare, Fit, Finish.

All right, follow this all the way down and then you will also see three little dots. It's actually a More Tools screen. You can go in there to find technical measurements. If you want to transfer settings, that will be under your More Tools menu below. That is actually Remote Care.

Remote Care is oticon's telehealth or virtual option for programming adjustments with your patients. The provider will enter here under Remote Care. The patient would use companion app in order to connect. If you would like to set up a Remote Care account, need more information on how to use, please reach out to an oticon representative. We would love to talk to you about that.

Down below that is a question mark. It is the help menu. I actually find this to be very helpful. And all of these are available on every screen. So first up from the top, if you were to open the help file, it is going

to tell you about the screen you are looking at.

So for any reason you've forgotten something I've said today, or you are unsure, or you're in a new screen and you're like, I'm just not certain how this works or how to best utilize this tool. Please go to the question mark, open the help file. It will default to tell you about the screen you are looking at. All right, lots of different things on this list, but I'm going to skip down and just note that you can actually go from the software to oticon's website. Something you know that's there, you can quickly access it, pull up the software, find what you're looking for.

Right there. Below that is instructional videos. Love these. Love these. Instructional videos are all short, wordless videos.

Everything from how to connect, how to pair, put on a new earpiece, change out a battery door. So say you have ordered a CIC for your patient and you're like, oh, it doesn't connect wirelessly. What do I need to actually program this device? So if you come under cic, iic, cic, go to programming adapter. It will show you a short video.

You see the battery, the size 10 battery pill sitting there. It will show you that you do in fact need to remove the battery door. You will put in that battery pill, Actually the same one as days gone by. So as you go, look through your office to find it there, snap that in and then the cords you will need there. So instructional videos are very helpful for devices that you don't see often or all the time.

Or if you get that BTE in and that ear hook is broken and you're like, you need to replace it, but you would prefer not to damage the entire device. Come right here, right here, down to your question mark. Go to your instructional videos. Underneath that is Resource Center. Resource center is wonderful.

You can find all the white papers. You can find manufacturer specifications. You can Find you can download the information for use booklets. All the different products are available, all the different videos are available. So also you want to look at, okay.

How to pair certain devices accessories, all available in the resource center. Last thing I'm going to point out here is actually all the way at the bottom is about the only reason I'm going to pull up about if you were talking to someone at oticon and they ask you what version of the software you are running. If you come to about down here at the bot. Right. I'm sorry, about is at the bottom of the menu.

But if you right at the top there it says Genie 2. 2025.1. I just wanted to point out where you can find that. So this menu along the left side will be on every screen and every page as well as is. If you look over here, the top right corner, still in that dark gray, you see your save and exit button.

Right next to that there's your access to preferences moved over to the right hand side of the screen. On the left side of the save and exit is actually notifications. So notifications will be if there is a firmware update available, you've connected the devices, there's a firmware update available notification. The little bell will have an icon, little orange icon in the top corner, but also a box will appear. And the box will appear saying hey, firmware update is available.

If you click on that, it will take you right where you need to be and you can complete that firmware update before you proceed. So that if you see any numbers or boxes, those are all giving you notifications about the devices. So that part of the structure is the same, right? Here's the submenu I was talking about. Currently we're actually on the prepare screen and I can unpin that submenu and it will collapse, making my viewing screen a little bit larger.

But also so you can leave it this way and it will pop out if you hover over the screen you're looking at. You can also pin it with that push pin right there in the corner. Okay, so I'm going to leave that pinned

for today. Okay. That is the basic framework.

Now I'm going to give you kind of a bird's eye view of what we're going to go through on each of these screens. So here on the prepare screen you see the family, you see the styles available in each of those families. You also see your different fitting levels or receiver sizes. We'll talk a little bit about each of those. And also here below that Next one down is personalization.

We are going to pause here for a moment when and we're going to talk about why. What is personalization? Why would you do it? What is the benefit to you and to the patient? So we'll go through this today and then also acoustics as well.

So acoustics is very important. What are the acoustics of your fit? What is the earpiece that you have attached? So acoustics in the software is referring to what do you actually have attached to this device to couple it with the patient's ears? Okay, so prepare is what is our device and what is the information we are obtaining from the patient?

After we're in prepare, we're going to go down to the fit screen. Fit, as a colleague of mine says, this is where the magic happens. You come up to the fine tuning screen where you're very familiar with frequency and gain and compression ratio. So we will look at all the fine tuning. We'll also talk about these tabs.

What does sound controls actually mean? Sudden sound stabilizer is a type of transient noise management, but a little bit different than what you may be used to. So we'll talk more about that as well. We're also going to go through feedback analyzer mostly. The big question with Oticon is do I do it or do I not?

And the answer is you may and maybe not. So we'll talk more about that as well. Jumping down to more sound intelligence. More sound intelligence is oticon's term for advanced processing of the hearing aids. Advanced processing includes directional strategy and noise reduction strategy.

More sound intelligence is oticon's term for their directional strategy and noise reduction strategy. So this is where you have some control over that. Very important in fittings to get the best outcomes, to really understand the screen. And so we will spend some time here as well. We'll also touch on program manager.

Make sure we understand how to add a program. Also rename a program just for patient ease of use and understanding. All right. You will see more things down this list. There's that acoustics again.

Always make sure you have the correct earpiece selected in the software that matches your actual fitting. But below that there is tinnitus. So if you wanted to program a tinnitus, sound support, masking sound, speech rescue is a type of frequency transposition.

Those are all tools that may be utilized in individual cases. We're not going to have time today in our one hour to dive into those. However, if you have any questions about anything on this list, please reach out to your OTICON representative. We Would love to give you more information.

So once we have done the fitting and the settings are where we want them to be, the finish screen is about accessories and utilizing the buttons on the hearing aids. So we will go through controls, we'll talk about buttons and taps. I'll show you call controls in there, where to check battery life, what that looks like and then also the all important accessories. The single most common utilized accessory in any hearing aid fitting is someone's actual mobile phone. So how do we adjust the sound from the phone versus the environmental mics?

And so we will go through that as well as we close this out today. So that's what our journey through the software is going to look like. So I'm going to go back up to prepare. So when you first, Just as a reminder, when you first open the software for the very first time, you will come to the welcome screen. You will press connect down at the bottom.

It will come up to prepare. When you have pressed connect, it will read the family. It will tell you what is attached and what style is attached. It will also with intent and the mini fit detect speakers. It will let you know what fitting level.

So what power level of receiver do you have attached? You will see that fitting range reflected up at the top of the graph above. So attached here is an 85. Down below that you will see the primary features of this device. It does in fact have a telecoil.

A push button is available. NFMI is near field magnetic induction. That is how the hearing aids communicate with each other. 2.4 GHz is the Bluetooth and directionality. It has two microphones and utilizes a directional strategy.

So here is our device. We also want to go in and make sure under acoustics that what we have attached to the device is represented within the software. Okay, right now we are talking about the earpiece here under acoustics. How is it coupled? So you can click on that dropdown and you will see here next to Bay Stone double is a little target sign.

This is very common throughout OTICON software. Wherever you see this target, that is what the software is recommending. What you want to click on here is what you are actually using. So if for this fit you were using something other than Bass Dome double, you would want to select that from the list so that your fine tuning screen accurately represents the acoustics of that specific earpiece. Right.

So device earpiece. And now I'm going to jump into personalization.

Personalization. This is where you're going to actually involve your patient in the fit. From the very beginning. And it is also where you can start with the best defaults in the software for that patient. This screen will set seven parameters within the fit screen and I will show you those seven when we get there.

But how this works, we're going to start up at the top under client data it will say experience. So that drop down there has none. This is a new user. Short term or part time. This patient utilized hearing aids less than six months or inconsistently.

Long term, that is a long term consistent hearing aid user. What this selects here is actually your adaptation level on the fit screen and I will show you that that is the percent to target. So long term user would start at target. It would be adaptation 3. Short term or part time would be adaptation 2.

A little bit down from target, allow them to get used to that sound and none would be one. Okay, so and again I'll show you that on the fit screen when we get there. So what is the experience level? And then below that you're going to see two personalization methods. You will only select one.

Today we're going to talk about the personalization questionnaire because it is available for every fit and for every patient. But I do want to note the audible contrast threshold test. Audible contrast threshold was released in the fall of 2023 and it is a hearing in noise test that predicts aided speech and noise ability. Some beautiful features of this specific test, it is language independent. So the stimulus is a non speech speech like stimulus, super clear.

But it does make it language independent. It is very quick to administer less than 3 minutes and it will give you a value of negative 4 to 16. When you finish that test, you take that value, you would put it in

the software here and it would actually select or fine tune those seven parameters within the fit screen. If you would like more information about audible contrast threshold, there is plenty of information on the Internet also in audiology online as well. Okay, today we're going to talk about personalization questionnaire because again this is available for all fittings.

Audible contrast threshold is available in audiometers that actually have that test included within it. And there are currently three manufacturers that make audiometers that include it. So this right. The personalization would be available for anyone. When you go to the personalization questionnaire, first thing it's going to ask you right here at the top is adjust volume.

You will. This is a. You want to turn the speakers on computer even ideal. If you have an external speaker play this sound sample and you want to adjust the volume for to A comfortable level for the patient. Very important to note here.

This is actually with hearing aids off, no devices on. We don't want any processing of any instruments. Just this is how this individual patient prefers sound. So adjust volume, sound sample, you're going to put it at a comfortable level. And now you will see these questions below.

Interesting. First thing I'm going to tell you is don't ask these questions. Now why is that? Well, let's look at the first one. I prefer sounds to be sharp and distinct or soft and round.

I don't know that we all share a common understanding of what a round sound is. Exactly. So for personalization it is best if you do not read the words because we don't share the same understanding of these words. But instead I would like you just to play the sound sample. So this is like an AB comparison.

So what you would say is, Mr. Smith, I'm going to play some different sound samples for you. And this is just to get information on how you prefer your acoustic environment, how you prefer sound, how does your brain prefer that information? And so here is sample A. You will play this for six to eight seconds and they'll go or sample B and you will play this for six to eight seconds.

Whatever they choose, that is what you will select here. They may ask you to play it again. That's fine. You may play each of them again. If the patient can't decide, don't decide for them.

Okay? Don't press them, just tell them that's okay, no problem. That's great information all in of itself. Right? Skip on.

Don't click anything there and go down to the next sound samples. Pairing of sound samples and play both of those. Then you would get to number three. And I am going to contradict what I just said. This is the one time you will ask this question because as you see here, there is only one sound sample.

So you would ask. I find that sudden sounds in the listening environment are unpleasantly loud. Yes or no. And you can play that sound sample for six to eight seconds. So after you've gone through all of these again, they have fit seven different parameters within the FIT software and I will show you those.

But now your patient is engaged. You have brought them in from the beginning. You are taking in to their individual preferences and likes and their engaged. I really think I appreciate most the engagement that personalization allows in the software. So from our prepare stage, we have our family, what, what we have attached the earpiece, we have information from the patient on personalization.

When all of that Is together we are going to move to the fit screen or making the magic happen. It will open up to this fine tune screen. So right here you see your gain controls tables and graph. A few things I would like to point out. One, right here under gain controls you see the 1, 2, 3.

That is the adaptation level I referenced before on the personalization screen. If you the experience level is none, the default will start at adaptation level 1 part time user adaptation level 2 experience user 3 or to target. And if you're thinking what target is that, you actually look up above your graph and where it says P1 General in parentheses it says VAC Plus. That is actually Oticon's proprietary fitting algorithm, voice aligned compression. I will show you in the programming software if you would like to use a different algorithm where you could change that as well.

So 3 adaptation 3 would be 100% or 2 target for voiced aligned compression. If stop for a second and say this. If you are doing real ear at your initial fit, you would want to come in here, put it on three because it will be closer to target and you will have to make less adjustments. So adaptation three do your real ear measures. Nice thing from there is should you do those real ear measures, you have it perfectly to target.

It's a little bit much sound for your patient right out of the gate. If you need to back that off a little bit and go to adaptation level 2 as you move the patient back up to target. When you move them to three, it will keep the changes you made for real ear. Okay. So you will be back at their real ear target.

Okay. Then over from that you see 3, 16, 24. This is fitting bands or channels. So you can look at that as in three fitting bands, 16 or 24 right there across. So if you want to change that, that is how you change your fitting bands.

This table you will see MPO over here above the left table there MPO is selected. So that is your max potential output. And you will see that on that table or graph. If you would like to look at your compression ratios, right next to MPO is cr. That is for compression ratios.

And their compression ratios are now visible. I do want you to note that MPO line just disappeared right to make room. So you want to go back look at your MPO line select on MPO right in between the two tables. This is where you connect or disconnect each side. So connected.

Anything I choose on the right side will also be on the left. So making adjustments for both ears together. If I want to disconnect those only adjust one side. That is where you do that there and then here is your up and down button. Okay.

I like to, I actually like, I enjoy bringing this up and just bringing it to providers attention. The number one reason providers change gain use this screen right here is for sounds other than speech. Okay. Not the only reason, just the primary reason. And so what I want to talk about today is what are some other tools in the software.

Let me show you some things on this fit screen that we can utilize without always changing gain. Because when we change gain on the gain controls we are actually changing gain for both speech and environmental sounds. So when you grab gain I want you to think about what it's for and if it is for a sound other than speech. Let me show you some tools that may be more helpful to you in this fitting. Okay.

An example patient comes in after this is the first initial follow up and say Mr. Smith is coming back and he's like well tell me about it. How are you doing? My wife is happy. That is excellent.

He's like TV volume is down and I mean I, I, I can't hear her better. Well that's great. I'm really happy to hear that. How, how has the love volume been? Have you had any reason to change the volume?

He's like oh, overall it's pretty good. He's like, but you know, I actually work remotely from home and when I sit in my office it's just really quiet and I click on that keyboard all day long and you know, I just

found that clicking on the keyboard it's kind of annoying and so I just move it down minus 2 in my app right here. And then it seemed It's a lot better. It's perfect. There you go.

Okay, well maybe I can adjust your hearing aids for that so you don't have to utilize your volume control. How about we do that today? So before when you come in here and grab soft gain for that clicking on that keyboard, I want you to stop for a second and think okay, what is this for? Right, this is clicking on a keyboard. If I turn down soft gain here, actually going to sacrifice soft gain for speech as well.

Well what kind of sound is that clicking on a keyboard? Typing on a keyboard is actually a transient sound and would rather you go over here to sudden sound stabilizer. Sudden sound stabilizer is a type of transient noise management. It does in fact stabilize sudden sounds. What is unique about this system is it actually is works or should be applied to both soft and loud transient sounds.

We have often Associated transient noise management with loud sounds because transient noise management has utilized fast acting compression. So as I'm talking, if all of a sudden a door slammed, the hearing aid would compress everything very quickly to make it more comfortable. However, it would also need a release time. Right? So fast acting compression would compress everything in the signal.

And you might be like, oh, sorry, what did you say? What this system is doing instead, Sudden Sound Stabilizer is actually looking at the environment level and looking for acoustic peaks. But because it's looking for those transient or acoustic peaks relative to environment level, it actually works for soft or loud sounds. It is not using fast acting compression. It's actually adding negative gain.

Okay, Adding negative gain is turning down the sound, but if I add negative gain, I can add it just to that sound and not impact the rest of the speak speech spectrum. So for Mr. Smith, who is turning his hearing aids down at home while he works remotely on the computer, you could come into Sudden

Sound Stabilizer and bump it up. Just one to high is usually enough right there. Now you're not sacrificing that gain for his audibility of speech and soft sounds that are very important for understanding.

You can just manage that sound in that environment. So great tool for soft and loud sounds. Why might you want to turn it down? If you had a patient who felt like they were missing a transient type sound. So a golfer, a golfer who really, really.

Who really wants to hear the right, the click of the ball, he wants to hear the driver hit the ball. And if it felt like, I just don't feel like I hear that as well as I would like to, you can come in here and move that down to low.

So right here you can actually see the default setting for Sudden Sound Stabilizer is in fact medium. And you can see your max atten levels for each of those settings. So default is medium and right here it says 15dB. I do want you to understand this is actually max attenuation and not the attenuation for every sound because it is variable depending on the environment and the sound. So even at 15dB or set at medium, if we measure it over time, the average attenuation is approximately 9 dB.

But mostly what I wanted to show you here is that as you move it up, what are you changing? Or in, if you move it up or down, what are you changing? So as max attenuation, if you move it up to high now the max attenuation is 20, very high, 25, max is 30, going down to low would be 10 and then off is in fact off right here. I will caution or just put a little note. I would very seldom if ever real or rarely actually select very high or max particularly in a new initial fit for a patient that is pretty aggressive transient noise management.

The only time I may use that is if I had a patient very sensitive to environmental sounds. And so but that was not what I would just use as a first fit setting. And actually of all these things I'm showing you today,

I would actually leave these alone at first fit. This is a very good follow up tools but not necessary to come in here and adjust on an initial fitting. Patients will be much better at being able to tell you about their experience or there'll be much better reporters of their experience and preferences after they have utilized the devices for a period of time.

So now we're going to just wanted to show you that quickly. I'm going to jump back over to the software.

So that is so right here, sudden sound stabilizer again is for soft or loud transient sounds. I'm going to jump back over to gain controls. Another one that may come up occasionally is I can hear the refrigerator turn on and off. And you know, I've been an audiologist actually a long time and so what I say to that is you're welcome. You couldn't hear that before and now you can.

Well, that's excellent, you're welcome. But if that is something that is causing your patient any type of anxiety or distress or is keeping them from utilizing their hearing aids full time again, before you go down and grab this soft gain, I want you to introduce you over here to the tab next to gain controls, which is sound controls. And very specifically we're going to start by looking at the bottom soft sound perception. Soft sound perception is your gain for very soft sounds. So sounds less than 35dB SPL.

So the refrigerator turning on and off is often one of those types of sounds and you would move it towards comfort. What are some reasons towards detail? If I had a patient who is a bird watcher and or a mechanic, somebody who wanted to hear the very soft sounds or those details to sounds or if they needed to actually just happened last week I had a patient come back who said they just really wanted to hear the grass under their feet as they were walking. Okay, sure. So I would come in here to sound controls down here at the bottom soft sound perception.

That is how much gain to those very soft sounds. And I move that up towards detail so they could hear the grass crunch under their feet. All right, now up above soft Sound perception, you will see brightness perception. Brightness perception is actually a an adjustment for 1500 hertz and above. So high frequency boost if you go to brighter.

So if someone is needs a little more clarity of speech, right here under sound controls, brightness perception, that will increase those high frequency gain. You can see the graph up above change with that adjustment. And why might we go the other way towards fuller? If it is a little sharp or tinny just then you could move this down in the direction of fuller there. Now I will point out right here, sound controls.

This is one of the two of the seven parameters that are actually set by doing personalization. So by doing personalization you will fine tune these two controls for that patient's preference. Otherwise it would just use defaults, which is fine, but it's like getting better. First fit default settings.

All right, back on our gain controls here. So when you grab gain, the number one reason providers change gain is for sounds other than speech. It is not the only reason, just the primary reason. So when you go in and you grab gain and it is for a continuous sound, an ongoing sound. Yes, a vacuum cleaner, air conditioner, restaurant babble, just background noise and babble traffic.

Now I want you to go over to more sound intelligence. So on our menu submenu, there's fine tuning. Go down to that until you find more sound intelligence. You click right here. And again, more sound intelligence is where you have control over how aggressive the directional strategy and the noise reduction strategy are.

Or that is the advanced processing of hearing aids. How hearing aids primarily improve signal to noise ratio.

So looking at this screen, what it is actually asking up here at the top, we're going to start with these five boxes at the top. This is actually the environmental classifier. And you will see on the left side it says I find these situations easy. That is what are the situations your patient finds to be easy? And on the right, it's set up for situations.

I find these situations difficult. What are more challenging situations for your patient?

Below the easy side, when you look at neural noise suppression underneath, you will see These numbers are smaller. 0, 2, 4, 6. And on the right side, the neural noise suppression difficult has number 6, 8, 10 and 12. That is more aggressive processing or more help in separating that speech and noise for situations that are more difficult or where they need more help, that is what this is asking. All right, what we're looking at right now is probably the most common setup.

How do I know that? Because it is not uncommon to have a hearing test. And you do the hearing test and you're talking to the patient and you're discussing their test results. And the patient goes, well, I hear you just fine. And you're like that.

Yes. Looking at this test, I believe that's true because we are sitting in a quiet environment. One on one or a simple environment. You can hover over that. Simple.

And it will tell you what Oticon is classifying as a simple environment. That's a living room, a small office, a 1 to 2 to 1 conversation. They're saying, I'm not struggling in these situations. And you go, I bet. So but what would happen if you and I actually went and got in the car and we went out to a cafe for lunch?

That would be a more moderate environment. Hover over that and it says a car, a bus, a cafe, a playground, a busy office, an evening out with friends. Right. And they're like, you know, sometimes

this is a situation where the patient sometimes goes, I do okay. And the family member with them is like shaking their head no.

Right. But this is where they start to have more difficulty or more often saying, hm, what did you say? Or they need a little bit more help in that situation. So this is one of the most common setups. And I'll tell you what often can happen.

At some point in time, we thought, just architecturally, we thought it was a really good idea to put the dishwasher in the same room as the tv, as the same room as the sink. And so we love these open concept housing. It did make it very noisy for communication. So the patient comes back in, this is how it's set. And they say, overall, I'm doing pretty well.

But, you know, just even at home in the living room sometimes I'm still. Mr. Smith is still not just understanding his wife as well. She's like, it's better. But you know, when she's, when the dishes, when the dishwasher's on or the water's running at the sink and I'm having a struggling a little bit.

You can move this up. Neural noise suppression. Easy. Look what happens in the pictures if I move that up. So you see that vacuum cleaner and fan get smaller or it's taking those away.

Okay, so because he's still struggling, you move this up here and he may come back at 6 week follow up and he's like, you know, that did help. But sometimes we spend most of, most of our days, most of our evenings actually in our living room and kitchen and I, I'm doing better.

But sometimes she's still a little frustrated. I'm sometimes still asking her to repeat now that in fact may be a counseling issue. However, if it is one where you feel like I want to give him a little bit more help, even in that situation, what you would do is actually move that simple over to the right hand side. Do you see that jump there? So you can move these different environmental classifiers.

If I move it to the right now, I have applied more aggressive processing or more help even in that simple environment. And this right here is probably the second most common setup in patient fittings. So either here with very simple and simple as easy, or the four on the right, if they're needing even some more help, even in that. More, more advanced processing, even in that simple environment. Okay, I will throw in right here.

I would actually move moderate over to the left. This would happen much more rarely. But I may set it something that looks like this if I had a conductive hearing loss. Conductive hearing losses tend to not need more processing. They tend to need more power.

So if you want to back off process, right, you want to take some of that away. Because their auditory system, their central auditory system is more intact. They, they have pretty good speech and noise hearing and noise ability. You can back it off that direction. However, by far these are the most common.

Here again I will point out these little target signs. That is where Oticon is suggesting the default settings be. All right, so now underneath that you will see something called sound configurations. Sound configurations are actually set up the same way. So these on the right hand side, where it says sound enhancer.

Above it it says difficult situation. This adjustment will apply to whatever situations you have. Over here on the right hand side of the screen. Sound enhancer is like a high frequency boost, but just in those difficult situations, giving a little bit more detail to speech. So moving up to detail, give a little more high frequency information for better understanding in those difficult situations.

One question I like to ask because we probably make more adjustments for complex, which is actually in a busy restaurant, right. Dinner party. We probably have more people come in and give it, give feedback on. Yeah, when I went to that restaurant, right. One question I like to ask here is, Mr.

Smith, when you were in that restaurant, could you hear your family talking? Like, don't worry about the noise right now. Could you hear them? If he's like, yeah, I was just really kind of struggling to hear them. I would move this to detail if he was like, no, I could hear them.

Okay. There was just really too much noise. I would increase neural noise suppression difficult up here to 12. Okay. Gives a little More of that separation between that speech and noise there comfort somebody who's bothered by those high frequency sounds in that environment.

I would move that down to comfort. Now on the left side for under easy situations, you see virtual outer ear. That is the pinna effect. We have a little bit of a directionality by having a pinna. So focus would be like cupping, putting your hand behind your ear, cupping your ear.

Why do we do that if we're struggling? Because it actually helps us to gather that information. Coming from the front balanced is just your average little bit of directionality we have from having a pinna. Your average resonances of the concha and ear canal aware would be like having a pinned back ear or more open. So more sound intelligence is where you have that control over how much help do they need separating speech and noise.

All right. So I hope that helps a little bit there with fine tuning as to why you would go to those things. But what I would do want you to note is for a very first fit you would come in here. If you were doing real ear. You will put it on three, do your real ear measures and mostly initial fitting.

Leave it alone. Those other things I showed you are all very helpful for follow up. I do want to touch on feedback analyzer for a moment because Oticon is unique in that you do not have to run feedback analyzer. You may, but you don't have to. You can if you need it.

Nice thing about feedback analyzer is it will actually the software will tell you if there is unstable gain. So let me show you that.

So right here up at the top next to right or left, you will get this unstable gain indicator and that the microphone is actually making a measurement every one second to measure how much sound is leaking out. So you actually may see this appear and disappear as the patient moves around. If you see it, you may want to go into feedback analyzer run run the test and see if you can either change the ear mold or fitting. If you can close off that fitting a little bit or if you want to run that feedback analyzer make that unstable gain indicator go away. It may be on one side or both sides, but that will be a a clue.

Or it'll give you an indication if you were to need to run feedback analyzer.

Do know here in the feedback analyzer screen you can run right or left or both. You can also but come back in here and clear it. If you were to change the dome and change that fitting there. So then the last thing I'll show you on this fit screen is program manager. You can come in here, add a new program, click on the plus button, then you can see you have your speech and noise comfort.

I will point out here my music is an excellent program for any type of streaming instrumentalist, someone who listens to a lot of music.

My music is excellent for that. Just it is a cleaner. It's more linear in the lows and the mids, more emphasis on the highs, but also has the advanced processing turnout. So it's a cleaner signal. So if I had a patient who streamed often, I may come in here and actually put under client information

program name streaming.

And now that is what would show up in their app. So if you wanted to save a program, rename it for a specific environment, you can do that right there. I also wanted to point out here where you can change your fitting rationale. So right here under P1 you see vac plus you have a drop down. You may choose NANL2DSL, whichever fitting algorithm you would prefer.

All right, so after the hearing aid is fit to finish this up today, we're going to go to the finished screen screen and the finish screen is about what do we want the buttons to do or not do on the hearing aids and also accessories or connectivity. So under controls when it comes up, come up to buttons and taps. I do want you to note that the program change button is actually defaults to on but the use of the vc. So the button on the hearing aids for volume control actually defaults to off. So if you would like them to be able to adjust the volume with the buttons on the hearing aid, you would click that on right there up above it will tell you so for program change it is actually holding a button for two seconds for volume.

It is a short press and right will turn up the volume, left will turn it down next to this. Look up here at the top where it says standard, there's a tab next to there. Call controls. Call controls is using that button to answer or reject a phone call. This is for iPhone 11 or later or androids that have LE audio phone call comes in, they can use the button short tap to answer the call, hold for 3 seconds to end the call or to reject the call.

But under that is tap control. So because intent actually utilizes an accelerometer, they can tap on the body of the hearing aid to answer and to end. Not to reject but just to answer and end. So phone call comes in could double tap answer the call. When they are finished, they could double tap and end control.

You may turn those. Those are on by default. You may also turn them off on the screen if your patient would like to use one or both, or if you want to make sure they didn't accidentally do that. Okay. Then down in batteries for the to check battery life or information, you would come over down to the finish screen, over to batteries.

And when you're in this screen you will see if it is battery health is good. You will have a green and a check mark. If it is black, it is telling you, oh, you may want to send this in and have these batteries changed. So for intent you would need to send them to the manufacturer for that battery change. The battery is expected to last up to five years.

Okay. And then the one last thing we want to talk about today as we are running out of time is the accessories. Again, the most common used accessory in all hearing aids fittings is the phone. And so here is where you would go if you are adjusting what is being the volume or the loudness of what is being streamed from the phone versus the environmental microphones. So you come in here.

This very top one is the phone loudness. So to the right is louder, to the left is softer. The one below M relative to phone is talking about the microphones of the actual devices. So if you would like to turn up what is being streamed and turn down the environmental mics, you may do it just like that. This sound quality here at the bottom is actually a high frequency boost just to the stream signal.

Okay. So that is just to the stream signal. You may make these adjustments here for phone, Same place for TV adapter if you are utilizing a ConnectClip or a remote control. And then one last thing here down at the bottom power base power bass is a low frequency boost from 125 to 725 gives more of that Bottom sounds really good for in streaming situations. This is for streamed information and this will default based on how open the fitting is.

Okay. But if you would like a little bit more of a boost, you can move that right there to high. Okay. We have made it through the software today. I hope that you have taken away some things that will make you more comfortable and just feel like you can just best fit the needs of your patients.

Thank you so much for your time.