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Phonak Target Software: Flexibility Meets Expertise

Presenter: Erika Porter, AuD

- Well, hello, everybody. Glad to have you with us today when we talk about Phonak Target software. I am Erika Porter. I am a senior clinical trainer. Here supporting me as well is Rachel Lamb, who is another clinical trainer with us and so she'll be helping us in the background. Over the course of our time together this morning, we really want to dig into the Target software to go through what controls are available for you, talk about ways to adjust the settings based on patient needs, and look at some maybe common patient complaints and ways that you have the ability to adjust that in the software. One of the things that I love about the Phonak Target software is the flexibility that you as providers have.

Phonak very much believes in giving our providers the flexibility that if they feel like they need to make a change, their hands aren't tied by the software. We want to really respect and value your expertise and give you that type of flexibility there. Before we jump to the software, if you don't have the Target software, a couple of ways that you can get it and a couple of ways that you can update it. So we are currently on Phonak Target 9.1 and you're able to see that in the software up at the top of the screen when you open it to see that we are in Target 9.1 there. to see that we are in Target 9.1 there. So to update it down at the bottom under the Update screen, you'll be able to see the option to update there.

You can also find our software in the eStore. So on Phonak Pro, if you log in, you'll see where it says Software Downloads. And then when you click that box, you'll be able to see Phonak Target right there that you can easily download. In the resources section, the handouts that you have for today's class, one is these few slides that we have and it does include the system requirements. So if you want to see that, go ahead and download that so that you can have that. I'm not gonna go through those here, but the other two handouts that you have are one is the quick first fit guide, and then the other is a notes page.

Because we are going to be live in the software, it has some screenshots if you would find that helpful for taking notes. So with that being said, I am going to switch over to the software. Okay, so here we are in the Target software. And when you open up the software, this is the screen that you'll see and I wanna highlight just a couple of unique things that you can do on this screen before we get into the programming session. So one is, as I said, this is the Updates right down here. So if you need to update your Target software or your media files, that's where you'll find those. But right next to it, you'll see where it says Trial & Tools.

If you're working with our trial hearing aids, one of the great things about them is that they can be configured to any technology level. So you could set them up as 90s, 70s, 50s or 30s and you would do that here under Trial & Tools, trial hearing aids in this Configure button. Also, in this screen, this is where if you're doing test box measurements, this is where you can set the hearing aids into reference test game full on game. And then if you are needing to update your Noahlink Wireless or one of our chargers has the option for a firmware update, you'll find this here as well. By and large, most of the time you come in, you're coming in to work with a patient and to do a fitting session.

In our software, anything that is orange is trying to get your attention and we'll kind of guide you through. So we are going to open up a new fitting session for our lovely patient, Dessie Bell. She is very excited to get hearing aids. Now, within our software, there are three main chunks and I find that this orientation is helpful for if you're needing to know where to find something, this will help kind of guide that. Client, here on the left, this is everything about the physical patient. If you're using Noah, most of this is going to pull in from Noah with the exception of you do want to come in and enter your client consent just that your patient is aware that data logging is happening and you've had that conversation with them.

Instruments here in the middle, this is everything about the physical device. Is it connected? What's the coupling? And then fitting over here on the right is where we will work with the hearing aid settings and how the patient interacts with the device. So knowing that anything orange wants our attention, what we see is, next, we want to connect. So we're going to turn on the hearing aids and we're going to tap Connect. Now, all of our wireless products since Marvel, so Marvel, Paradise and Lumity wireless aids. We'll use the Noahlink Wireless to connect, so that makes life nice and easy. If you're working with our titanium or a little CIC or IIC, you'll use a battery pill cable.

Now, I have a couple of favorite things in the software and this is one of them. This is my right hearing aid. If I push the button on the back, you'll notice that it flashes green on the screen. You can play the beat, but you don't have to. You can simply push the button. This is my right, so this one's my left, and move forward from there. The older I get, the more I appreciate not having to squint at serial numbers. Now, when you're first connecting the hearing aids, this new fitting session area is where you'll do your initial setup. So this is where you can designate the starting point for the game. Now, the system will kind of pre-fill this in based on how long your patient has been in your software.

But certainly, if it's a brand new patient to you, but they've been wearing their hearing aids for a very long time, even though the software may say first-time user, you're gonna come in and choose something more appropriate for them. This is just determining your starting point for your game. So first-time user will be set 80% to Target, experienced 90% to Target, long-term user a 100% to Target. Dessie Bell has been using her hearing aids for years, so we're gonna go ahead and leave her at long-term user. So now, it's connecting. And once it finishes connecting, the aids by default will be muted and you can decide whether or not when you want to unmute those for the patient.

If it is a milder loss, maybe you wanna go ahead and unmute them from the get-go. If it's a more severe loss, you may decide to wait to unmute them until after you've run the feedback test. So for Dessie Bell, we're gonna go ahead and unmute them and we can then continue. Now, when you connect in here in the software, whether you are a first fit or whether this is a follow-up fit, follow-up session, it always starts on this acoustic parameter screen. And this is so that you can confirm that what the patient is wearing is what shows in the software. And so right down here, this is where you could make a change.

So if our patient was in power domes or if they were in slim tips, and in our software, if you ever see this little chain link button, that's where you can separate out the two sides. If you are using a molded piece, when you place the order for that mold, one of the venting options that you'll see is AOV and it stands for Acoustically Optimized Vent. If that is chosen, essentially, you're telling our experts to take a look at the ear, the hearing loss, the hearing aid, and determine what is the best venting for that patient. I do recommend choosing that. We know that has a lower return in remake rate when that's chosen, but when that mold comes back to you, you'll find a six digit code printed on it.

So different than the serial number. It's also in the paperwork. It'll say ACC, it stands for acoustic coupling code. Enter that code right here, and then the system knows exactly what it needs to do. Now, if you do change the coupling, you'll notice that this little icon turned orange. These icons that are above this fitting section, if you follow those from left to right, you'll hit everything you need to hit for a first fit. So it's a really nice way to do a streamlined fitting for your patient. So we are going to go ahead and recalculate. And then we're going to go to our next icon, which is the feedback test. With Phonak products, we do recommend that you always run the feedback test, even if there's no acoustic feedback, putting it in because the feedback test is also tied in to own voice pickup for phone calls, vent compensation for streaming.

And when we run that test, it really allows us to personalize and precisely set those gain targets, incorporating the patient's aerodynamics. So I'm gonna go ahead and start both measurements. You're gonna tell your patient to sit quietly. It may or may not happen. And it's gonna sound like alien robots. So we're gonna go ahead and start that. I hear it. Let's say that you have a patient that just really needs to talk or maybe you're in the middle of this test and the leaf blower starts up outside of your window. What will happen is the feedback test will get as much information as it can so it doesn't just abort and say, sorry, try again when that leaf blower goes away.

It will get as much information as it can, but then you'll notice this little continue. So if you get that continue, it's just saying, you know what? There was noise so that we couldn't get some of that information. When the leaf blower goes away, when the air conditioner that sounds like a jet engine stops, you can just come back in and hit continue and it will just make up for the difference of what it could get. So it doesn't have to do the whole thing all over again. It just fills in those gaps. Now, in our software, one of the things that is different with Target 9.1 that's a really nice improvement is that this little check box under the graph that says use estimated vent and sound leakage from feedback test will check by default.

I told you that we take into account the ear measurement. This is where that happens. When we're running the feedback test, we're measuring the ear as well. Default targets are based on an average adult ear. We recognize not every patient has an average adult ear. So if you've got that patient with a really itty-bitty ear or the really large ear, having that box checked by default really does just allow an even more precise first fit. Now, in our software, you can hover over anything and it will tell you what you're looking at. So this purple curve is our measured feedback threshold. Skinny lines are gain targets. Thicker lines are current gain settings. So if this purple line is dipping in

quite a bit, naturally, you wanna take a look at your acoustic coupling and see do you need to change size?

Do you need to change style? But if it's just dipping in a little bit, that's where overtuning comes into play. So right down here at the bottom, you'll see where it says overtuning. And if I click these up arrows, you'll notice that that purple curve starts to lift. So overtuning gives you as the professional the control to adjust that feedback curve if you need to. Generally, you've got a little bit of wiggle room to where you can adjust that and still not be getting any feedback. So use it if you need to. That's what it's there for. Now, our next icon up here is going to take us to global tuning. Global tuning is where you can adjust the initial level for a patient.

So if we were starting at experienced user, it would be right down here at 90% and we could then see for the patient when they were ready to move up, this is where we can just make a nice, easy overall change. You've got that whole continuum so you can make very specific adjustments. It's not just bigger chunks like it has sometimes been back with Marvel. The other thing that you'll see on this screen is fitting formula. So our default for adult fittings is Adaptive Phonak Digital 2.0. The 2.0 version was introduced with Target 7.0, and this is our default for adults, which generally works extremely well. It's based off of NAL, but with a few adjustments. With the 2.0 version, we really maximize that mix of fast and slow compression.

We also added an additional knee point for loud sounds so that the growth of loudness would reflect more of what a healthy cochlea does. We also have Adaptive Phonak Digital Contrast 2.0, which is an overall slower compression strategy. So if you have somebody with some cognitive declines or poured to scream or they're just not seeming to thrive as much as you would want, know that you have that as a tool in your toolbox that you could try for that patient. Certainly, if you are working with

pediatrics, one of the great things with the software is that if you have the date of birth entered in, it will prompt you to go to junior mode if you are working with a child.

So it breaks it into zero to three years, four to eight, nine to 12, and 13 to 18. So it's a nice streamlined process for that. If you are working in junior mode, then of course, your default is DSL pediatric. So here, you can choose between those different fitting formulas. Next, we're gonna come into fine tuning. In follow-ups, this is where we spend most of our time. In a first fit, usually, you don't have to spend a lot of time here because one of the great things about the Lumity products is that first fit acceptance from clients. They do extremely well. And generally, not a lot of changes are needed. On this graph, one thing that I do want to highlight is the graph.

You can change the view. So right now, we're in gain view and we're seeing the feedback curve. If we switch to output view, it's just right above the graph is where we make that change. Now we're seeing the MPO curve. So whatever your preference is, that's where you can switch the view right there. Now, before we get into the options that we have on this fine tuning screen, I wanna show you one of my favorite counseling tools and that is client view. Now, you won't see this on your handout because it cropped a little below that. So this would be one where you would want to mark it down. But in this black bar at the top right up here next to the media player, you'll see a little box that says client view.

If you've got two screens, client view will always open on the other screen. So let me switch to that screen. So here, we have essentially the audiogram flipped upside down. So you'll see low pitch up to high pitch along the bottom, and then soft up to loud going up the side. Right now, I'm clicked on unaided and you'll see these green bouncing bars. You can also overlay some of these speech sounds. And so this is a really nice counseling tool to visually represent what we're normally telling patients about. So where those light green bars are going above the red and blue, that's the

sound that they're hearing without any amplification, that's what they're hearing just through their natural ears.

But where the sound is below that, that's where we have some opportunity to improve and those are the gaps that we're looking to fill. I can click aided and the dark green bars are reflecting what is in my Gain & MPO table view. So if I'm set to a 100%, those bars will be higher than if I'm set to 80%. It's not true really in that there's not a probe mic down in the microphone or in the ear canal, but it is representing what is shown on the graph. The light green bars are measuring the sound at the hearing aid microphone. So that part is accurate and is precise there. So it's a fantastic counseling tool. It's also really handy.

Here's a little bonus use for it. If you are doing remote support, so we have the ability to do a telehealth or a tele-audiology session with them. If you're wanting to do AudiogramDirect, that is our testing that does in sit two audiometry. It can be done in a remote support session. If you're doing that, I do recommend pulling up client view and going to the unaided and just sitting quietly and that can give you an idea of what the noise floor is in the room where the patient is at. So that's a little bonus hack for you. But remember, client view, it's a fantastic counseling tool available when you're working with patients. Okay, so on this screen, you'll see here on the left this program list.

Everything that you're seeing highlighted in green right now is part of the automatic program. And I highlight that because what you see on that list will differ a little from technology level to technology level. But when you think about it, this patient that's wearing 90 level hearing aids is getting all of that without having to think about changing programs or going into or out of things. It really is pretty amazing in what it does. It's also extra flexible in that our auto sense, which is our automatic program, works different than many manufacturers in the industry. With most manufacturers, the

hearing aids are either in quiet or speech in noise or comfort in noise. We will actually blend between those so there's more than 200 different combinations of programs and settings and features.

So it really does give a lot of flexibility here. Now, right down here at the bottom, you'll see that we have different tabs. I'm gonna highlight just a couple of these today. The first is Gain & MPO. This is where we'll see gain for loud sounds, gain for speech sounds, gain for soft sounds. And you can choose how many handles you want to view. So if you wanna look at each individual channel, you can. If you want to group it a little bit, you can do that as well. The tip that I have on this Gain & MPO tab is to remember that whatever's highlighted in green in the program list is where you're making that change. For example, let's say we decided that we wanted to decrease high frequencies.

We could come and we could say, okay, we're gonna decrease high frequencies. Well, do we want that to happen everywhere like it looks right now? Do we want that to happen just in the general listening? So if I click on AutoSense, now it's going to change just the general listening. Or do I want to change it in just one program? Maybe they just notice it at home and quiet, then I can change it just there. So these changes for Gain & MPO can be overarching or extremely precise. Let's now take a look at program options. This is where you're going to find our sound cleaning features. And these will also vary a little bit between technology level, so I'll highlight that as I go through.

But these are really what provides and supports that great patient experience and really liking that sound quality. Up here at the tip top, we have our hearing aid microphone in quiet situations. In this 90 level technology, it's gonna be real ear sound. Real ear sound is omnidirectional, but looking to restore the pinna effect. So accounting for the fact that now you're hearing here instead of here, it provides a correction for that.

Speech enhancer gives an extra boost for soft voices in quiet. So I want you to think for a second, what are situations you can think of where a patient may struggle with a soft voice in quiet? We hear these pretty regularly. Maybe it's that soft spoken spouse, maybe it's speech at a distance or the soft grandkids.

Speech in answer is probably one of my favorite features in our software because what speech in answer is going to do is it's going to give an extra boost to those soft voices in quiet. Before speech enhancer, all we could do was turn up G50 and then we had to counsel them about. Now you may hear your footsteps more or you may hear the air conditioner more, not with speech enhancer. It specifically looks for that modulated speech signal. So this makes a huge difference. We actually have some really nice research looking specifically with speech enhancer at adults with mild to moderately severe hearing loss at the pediatric patients. And most recently, those patients with a severe to profound hearing loss and all three groups noted a reduction in listening effort for that speech at a distance, that soft speech when using speech enhancer.

Pretty exciting benefits to be able to see there. Also improve speech understanding for speech at that distance as well. Now, when I talk about features, I tend to talk about big change features and little change features. Speech enhancer, I would say, is a little change feature. You're not gonna put it 14 to 20. Usually, just a step or two if you're needing to adjust it is a good place to be. Now, speech enhancer is exclusively a 90 level technology. So if that's a priority for your patient is that soft spoken spouse, a Lumity 90 is going to give them the best help for that. Speech enhancer will default on if you choose experienced or long-term user. If you choose first-time user, it defaults off because they're just getting used to amplification in general.

You can decide when you're ready to turn that on for the patient. Next, we have sound relax and I mentioned that you could hover over things in the software and see what it is. This is a great example of that. So for any of these words, you can hover over the

words and it will tell you what's happening. So sound relax is for sharp impulse sounds, dishes clattering, dogs barking, doors slamming. It's found in 90 and 70 level technology and what it does is it just gives a little more cushion to those sudden sounds. We've had it for years. It's been in, I don't know, how many generations of hearing aids. So this is definitely one that we have used quite a bit and had available for quite a long time.

This, I would say, is a bigger change feature. So I might go from weak to moderate if I need to. It's not gonna affect speech, so if I need to do a bigger change, I can. Noise block is looking at things like restaurant noise, road noise. It's looking within each of the channels to determine is there noise present? And if so, we're gonna tone it down. Now, noise block works really well. If you haven't done so yet, I encourage you to put on a set of hearing aids and play with these so that you can hear the difference it makes. But with that being the case, noise block, I would actually call a small change feature and let me tell you why.

With noise block, I wouldn't move it more than about three at a time and that's because we want to keep noise block fairly similar between that program list. If you have noise block maxed out in speech in noise, for instance, but not the others, then what happens is when the patient gets into that environment and the hearing aid blends and shifts and makes that change, it works so well. Sometimes patients are like my hearing aid cut out. No, it was just doing what it was supposed to do. So I do recommend keeping noise block fairly similar between the programs there. This is something that they can change in the myPhonak app. So if your patient is wanting to make a big change, let them do it in the app.

That way, they're expecting it and they're in control of that change. Soft noise reduction is our expansion. So this is going to help for soft inputs like refrigerator hums, the air conditioner. This one, I would say, is a big change feature up to a point.

Personally, I like wearing mine at about five or six, but I would not max out this feature. Shifting the knee point that far, I would be a little concerned that we would see some interaction for those really soft consonant sounds. So for this one, personally, I probably wouldn't go above about moderate. My biggest tip for soft noise reduction is, if you are turning on soft noise reduction in calm, which is usually where we notice it, that we need it the most, go ahead and match that setting in the other programs as well.

That just makes a nice, smooth patient experience and I would do it in the streaming programs as well. I've been pulled into a couple of appointments where the report was that the patient was getting when they were streaming. And when we looked into it, it turned out it wasn't really static. They were just hearing the air conditioner again that they weren't hearing in their general listening because they had turned on soft noise reduction there. So that's my pro tip for soft noise reduction. Wind block is exactly what it sounds like. That's our wind noise reduction. With Lumity, that's now in all technology levels and so you have that available there. I do wanna take a second and talk about whistle block.

So our feedback system at Phonak is actually two layers. It's two parts. The feedback test will look at static feedback. I'm just sitting there. It raises the gain to see when instability might occur. Whistle block is our active feedback canceler. So this is for those transient feedback. This is I'm putting on a hat. I'm giving somebody a hug, and I'm getting that momentary little whistle. Whistle block is what presents the counter signal to cancel that out. Now, you'll notice that if you use overtuning, so we used overtuning on the left hearing aid. When you come in here with whistle block, you'll notice that it's maxed out and grayed out because it says if you want to raise that curve, because it says if you want to raise that curve, I'm gonna go on guard.

So I'm on alert against anything cropping up. So you'll see that interaction between whistle block and the feedback test. Next, I'm going to come to speech in noise. So shifting down one here to speech in noise. In this program list, you're going to see that our directionality changes to UltraZoom. UltraZoom is our little bit wider beam directional microphones. And you'll see the introduction of dynamic noise cancellation. Dynamic noise cancellation is a spatial noise canceler. So you'll notice that it's partnered with the directional microphones right there. What happens in a noisy environment is that the directional microphones kick on providing that forward focus. Dynamic noise cancellation layers on top of that to provide additional reduction from the backend sides.

Now, this is one that we do recommend letting patients change it in the app if they need to. Dynamic noise cancellation is found in 90 and 70 level technology and this is the noise reduction slider if they're in those noisy environments. And the reason that we recommend letting them do it in the app is they may have different preferences in different environments. Family birthday party, I may be perfectly acceptable for me to hear more of that noise. At the ballgame, maybe I don't want as much of that noise, but perhaps the hearing aid may identify both of those as speech in noise. And so doing it in the app just really allows for that personalization. You'll also see motion sensor hearing.

Motion sensor hearing is in our 90, 70, and 50 level rechargeable models. And this is where as I'm walking that accelerometer or motion sensor in the hearing aid says, ooh, you're on the go. I'm gonna widen that directionality to give you full access to that soundscape. This can help with localization. If there's a car coming up, I have a better idea of where it's coming from. This can help with speech understanding. If I'm mall walking with a friend or walking in a group, easier to hear people beside me and behind me. This is something that in the four years that we've had it, I have yet to come across a situation where you would need or want to turn it off.

But again, Phonak is about flexibility. If that occurs, you can go right here and it takes you behind the scenes where you can make that change if you need to. Next, I'm going to come down to speech in noise. Speech in loud noise, excuse me. Speech in loud noise uses our binaural voice stream technology. Binaural voice stream technology is where the two hearing aids are sharing all of that input. And so for that to happen, they need to know that they're partners. Because we're in a first fit, that partnership has not been established so we get this little popup. If you are demoing it in the office, do like we're doing, click activate. The patient will hear their hearing aids restart and it will be there.

If you clicked it by accident, but you're not needing to demo anything, you're okay to hit cancel. It will establish that partnership when you save and close the session. So what binaural voice stream technology does in the speech in loud noise program is it allows us to use StereoZoom. StereoZoom 2.0 is where with that sharing of the signal, it's essentially functioning as a four microphone beam former. As you know, the more microphones you add to the beam former, the narrower the focus. With StereoZoom 2.0, it really does help hone in on that voice that you're wanting to listen to. StereoZoom has been around for years, but with Lumity, we get StereoZoom 2.0 which gives us a couple of additional benefits.

One, it is smarter in adjusting as the noise level increases which also allows it to be smoother. So it's totally seamless when it's switching between UltraZoom and StereoZoom, and then within StereoZoom itself. It also gives us the opportunity for it to be stronger. You'll notice that with StereoZoom, we've got this moderate. It can be made even more focused either here in the software or the patient can do it in the app. If you have a patient that likes to use the app, I would say leave this at 24 'cause then the patient can make that decision in the app and drive from there. If you have a patient that's in a lot of noisy places, but doesn't use the app a lot, maybe you go

ahead and put it at 27, and then the hearing aid will access that whole range automatically.

Now, we had a question come up in the Q&A about the difference between speech in noise and comfort in noise. And what you'll notice with speech in noise is it is that directional. We are giving that priority to the speech. Comfort in noise is really just about comfort. So you'll notice that noise block is stronger. If you are looking at the gain, notice that in comfort in noise, the gain is down just a little bit compared to speech in noise. The difference between those there, it really allows it to be quite precise in where the patient is at. The last feature that I just wanna touch on is another 90 level feature here in comfort in echo.

And if we go to program options, you'll see it here, EchoBlock. EchoBlock comes into play in reverberate environments. So think about for your patients, what are those reverberate environments? It's churches, it's gyms, auditoriums, museums. But these days, it's also a lot of open floor plan homes with tile or wood floors and high ceilings. This can make a really big difference in that patient experience. What EchoBlock does is looks to see what is the primary signal and what are the reflections and let's tone those down. So you can see lots of flexibility here within the software. So let's consider a couple of patient complaints and what we might change for those. So I'm gonna say 'em, and then think to yourself for just a second, and then we'll go through.

So we've got Susan. Susan's barking chihuahua scares her to death. What would you change for Susan? If you said soundrelax, that's what I would change for Susan. So it's that sudden sound. We just need to cushion it a little bit. And depending on where Susan is when her chihuahua is barking, you can decide if which program you need to make that change in. Maybe we've got Kevin who's bothered when his air conditioner comes on. What would you do for Kevin? Soft noise reduction, perfect for addressing that kind of complaint. Soft noise reduction also really handy for that hair on the

microphone complaint that you may get. Craig says voices on TV are too sharp. Well, maybe we wanna tone down those high frequencies.

With AutoSense streaming, one of the great things is that for Craig, we can adjust the media speech without adjusting media music. So if the music sounds fine, we don't need to change that. The hearing aids will actually look to see is that signal coming in speech or music and seamlessly adjust between them. Ray has a hard time hearing his soft spoken wife when she sits across the living room. What would we do for Ray? Ray is a perfect example of where speech enhancer can really help out. So we would come here to calm and speech enhancer and bump that up a little bit for Ray to hear his wife better. Stacy uses her PartnerMic and says that she doesn't wanna hear as much from the hearing aid microphones.

Well, looking at this list, I don't see PartnerMic. Where do we go? Streaming programs, if I collapse or if I expand this out, you'll see PartnerMic, phone call, and RogerDirect. You'll see that for any of your wireless fittings because those are all things that are paired outside the software. So the program is there and ready that when we connect Stacy's PartnerMic, that when we connect Stacy's PartnerMic, the hearing aids know exactly what to do for it. Within these streaming programs, you will see that you have the option of adjusting the microphone offset. So if you need more from the hearing aid microphones or less, that's where you can make that change. Shannon reports her own voice is too boomy.

I'm gonna show you my favorite way to adjust own voice complaints. There's multiple ways, totally flexible in the software. There's multiple ways that you could do it. You could come here to global tuning and you could adjust this occlusion compensation. You could come to fine tuning and in Gain & MPO. You could say, okay, I want to decrease low frequencies for loud sounds. You can make that change manually. Even doing this for 20 years, my favorite way to do it is with this automatic fine tuning.

Automatic fine tuning is your fitting wizard. So this is where you can come and choose what type of sound are you needing to adjust and what's the issue. So I'm going to have all programs selected.

I'm going to come to the dropdown and choose own voice. And now, I've got multiple choice because you and I both know you can get three people that say their voice is hollow and boomy and they mean three different things and we are not mind readers. So we can't always tell. This is a nice systematic way where I could say, okay, hollow and boomy fix issue. We can see it make the change. If that is better, do we need to go another step? If not, do we need to undo and try something different? So really nice to have just a systematic way of doing that right here in the software. Now, there is one other program option that you actually won't see in the software because it's happening behind the scenes and that is speech sensor.

So speech in loud noise with StereoZoom is fantastic when that conversation is coming from in front of you and you're looking at who's talking and that's the sound that you want to hear. But we recognize that that's not always the case. There may be times where you're needing to hear somebody from beside you or behind you, maybe I'm watching my niece's volleyball game and I wanna chat with my sister who's beside me, but I wanna keep my eyes on the game. That's where speech sensor comes in. So speech sensor is monitoring every direction to see where is that primary voice coming from. And if it's from beside or behind, it'll automatically change based on that information.

So I don't have to need to change anything manually. So that's also available in 90 level is, again, that fully automatic beam forming and extra analyzing of the situation. All right, next, I'm going to come here to device options. This one here is data logging. We're in a first fit, so we don't have any information for data logging. Within device options, this is where we'll see how patients will interact with their devices. So right

now, we're on manual controls and you can see what will happen with a short push or a long push depending on what situation the patient is in. For example, general listening. A short push up and down is going to be a volume change whereas if I am streaming, a short push up and down is going to be environmental balance.

So as I push up, the stream signal will get louder, the hearing aid mics will get softer or vice versa if I push down. So that's what you can see right here on this screen. You'll also see with Lumity, you have the ability to unsync the left and right devices. So if you have a patient, maybe they've gotten me years on one side and it fluctuates and so they don't want the volumes to be linked between the two sides. You could simply come and just uncheck this right here. Now, I want to talk a little bit about tap control. Tap control is available in our 90 and 70 level rechargeable devices and this is where a double tap to the ear or hearing aid can do these three functions.

It can accept or end a phone call, pause or resume streaming, or start or stop a voice assistant like Siri or Google Assist. Tap control can be really handy for patients with neuropathy. I've had patients where because of the neuropathy, they never know what they're pushing on the back of their hearing aid. For them to be able to double tap the ear to answer the phone call really can make them feel a lot more confident that they can manage their own device. My dad's a patient like this, loves that he can just double tap to answer the phone. With that being said, he doesn't know who Siri is. And it would totally freak him out to hear voices in his ears.

So I would say, for most of your patients, you do want to uncheck the start or stop voice assistant. That's the only thing that will start with a tap. Everything else, either the phone's already ringing or they've already pressed play on their audiobook and they just need to pause it. If you are setting a patient up with tap control, I do recommend using this training and sensitivity. So with tap control training, this is where we're not training the sensor, we're training the patient. This is where they can see for them

where is the best place to tap. I recommend the top of the pinna or even coming from the back. I also recommend two fingers or four.

I find one's a little more hit or miss. The biggest thing is the timing. Tap, tap may not register. Think of it like clicking a mouse, tap, tap. Every time the system registers that double tap, you'll see the visual reinforcement here on the screen. With tap control training, you also have the ability to adjust the sensitivity. So if you have a patient who says, "I'm hanging up on the phone when I put my glasses on." Let's change that to firm. If you've got that patient with a really stiff ear where they're whacking their head and it's not seeming to register, let's change that to gentle. You'll set it up here in the software. Patients can also make that change in the app.

So if they call and they do want to try it and you didn't set it up initially or if they wanna turn it off, you don't have to squeeze them in for an appointment. They can go into the myPhonak app under devices and tap control and set all of that up there. Now, on this screen, I always give a shameless plug for reports. This is where you can, in different languages or in large font, print a quick guide for your patients. So when this pulls up, what we'll see is that these are what your buttons do, including tap control. These are what your programs are. If it's rechargeable, here's what the lights mean. It's just a really nice way to set your patients up for success of giving them what they need to get started without a hundred pages of everything that's possible.

So again, you'll find that here under Reports or the printer icon, either one. We'll take care of that for you. Now, our last little icon here takes us to the Bluetooth side, this Bluetooth tab down here at the bottom. Usually, on a first fit, you don't have to do anything here, but this is where the Bluetooth side will be designated. So we use Bluetooth classic for phone calls and streaming and we use Bluetooth low energy for the apps. So it's two separate pairings and you can do either one, you can do both, you could do neither. It's totally up to you. But Bluetooth side is, if you are pairing for

phone calls and streaming, this is the side that will show up in the phone's general Bluetooth menu.

So you don't go into any sub menus. It's just like pairing any other Bluetooth headphones that you may have. But the patient's hearing in both ears. They can answer on either side. So I will often get the question, well then, why does it matter which side is the Bluetooth side? And the answer to that is that's the side who's microphone we're using for the own voice pickup. So it defaults to right. Generally, that's totally fine. If there's a big difference between the ears, I would say whichever ear is the better ear, make that the Bluetooth side. Now, what you may want to do on this screen is you may want to personalize the name. So this is where you could come and you could say, Right Erika's hearing aid.

Left Erika's hearing aid. I do recommend leaving the R in the L because if they're pairing in the app, that uses Bluetooth low energy. And so both sides will show up during that pairing process. If you leave the R in the L, if one of them is not showing, you know which one you need to restart. So that's just a little tip there. But that's on the Bluetooth tab. Also down here at the bottom, it's not an icon at the top, but I know many of us like to play the beeps for our patients so that they know what things happen and what it sounds like. For instance, if they're changing the volume versus back to the default versus at the end of the range.

And so you'll find all of those right here under Signals & Alerts. The last step of any fitting is save and close. And I'm gonna wait for that for just a little bit because I do want to. In this software, since we've got just a minute or two left, I do want to show you two other things. I do want to show you two other things. If you do have questions that are general questions, feel free to put them in the Q&A. If you have patient-specific questions, that's also a great time to reach out to your Phonak trainer who can take a look at settings with you and answer some of that. So with AudiogramDirect, this is

another thing So with AudiogramDirect, this is another thing that I want to just mention before we wrap up.

This is where I mentioned that you can do two testing through the hearing aids. And so it's very simple and straightforward. You just click Start and it walks you through it. So it lets you know, okay, during this process, the hearing aids are gonna be muted. You do want to use the patient's specific coupling and feedback test. That way, the correct... Correction factors are applied, sorry, word finding problems. But then when it goes into that mode, what you'll see is you're running a threshold check. So the arrow keys can be used to adjust frequency and intensity. Space bar will present. If you click Enter, it will record. Now, you have to do at least five, one, two, and four.

But I would say if you're using AudiogramDirect, you might as well do all of them. This can be handy because AudiogramDirect will take into account how the hearing aid is sitting in the patient's ear and their personal resonance. It's not just through standard earphones. It's a little bit more personal there. This can also be a really useful tool if you're troubleshooting. So if you have a patient that is... maybe things just aren't quite right and you've made changes and it still doesn't seem quite right, do definitely come in and do AudiogramDirect because sometimes it's just a little bit of a change. And for the patient, they're like, "Oh, that's great, what did you change?" And it was, again, just that little bit of really honing in on that personalization there.

If you're in person, you can do air conduction and UCLs. If you're doing it in remote support, you can do air conduction. So AudiogramDirect can be done during remote support, but just for the air conduction thresholds. And it doesn't allow you to go above a 100 dB if you're doing it remotely. One bonus tab, just on our way out is SoundRecover. SoundRecover is our frequency lowering. And so this will turn on by default if the hearing loss needs it. I'm gonna turn it on just so we've got a little bit more to look at here. And with SoundRecover, the analogy that I give when I'm talking

to students is imagine you've got four friends sitting on a couch and the one on the end spills their drink.

That seat is no longer usable. With hearing terms, when the hearing loss reaches a point where pushing more gain through it isn't going to add anything, that area is no longer usable. So two different approaches to frequency lowering. Frequency transposition, these two friends get up and sit on these two friends laps. Compression, everybody scoots down. Phonak does compression, but we're very adaptive about how we do that. And so I do just wanna touch on that so that you can be a little more confident with what is happening here. In the SoundRecovery tab, this solid line on the left you'll see is cutoff frequency one. To the below that, to the left of that never gets any compression.

This dotted line is cut off frequency two. To the right of that always gets some compression. Between those two lines is what's called the adaptive area. And what happens here totally depends on the input signal. If it's a FSTH, those soft consonant sounds, frequency compression will happen. If it's not, if the sound is more low frequency or mid-frequency weighted, then no compression happens. So very quick at what it's doing. You have two sliders here. 98% of the time if you're making a change, it's going to happen in this audibility and distinction slider. So sh-s-sh-s, can the patient hear that there are two signals? If not, if those sounds are not audible, we need to move towards audibility to make that compression stronger.

This is definitely a little change feature. I wouldn't move more than probably two steps at a time. Sh-s-sh-s, yep, I can hear that there's two sounds. Are they the same or different? If it's hard to distinguish between them, moving towards distinction will create more separation between those sounds. Clarity and comfort, what this is going to do is it's going to change the proportion and the fixed area versus the adaptive area. So as I go from A to B to C, you'll notice that this fixed area becomes smaller. This

adaptive area becomes larger. What you will do, the complaint that will prompt you to go there is vowel sounds are funny. So if vowel sounds seem funny, go to that lower slider.

So there's your little bonus tip since we had the time. Last step in the fitting is to save and close. With Target 9.1, you can now. If you're working with trial leads, go up to 12 weeks. And you can choose if you want to save to the hearing aids and/or the database. So that is just a little bit of a detailed look at the Target software and what tools you have available to really take your knowledge and expertise and apply them for your patient to have the most successful fit possible. I would say if you have additional questions, if you want to dig in to even a little bit deeper, please reach out to your Phonak team.

Your clinical trainer would love to help you with that. And have a fantastic rest of your day. Thank you, everyone.