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Signia Government Services: May 2025 Connexx Fitting Software Tour

Presenter: Lisa Perhacs, AuD

You.

Hello and thank you for joining the Signia Government Services May 2025 Connex fitting software tour here on Audiology Online. My name is Lisa Perhacs and I am the Senior Clinical Development Manager here at Signia. Before we start, I'm just going to cover a little housekeeping tips. There's not really a handout for this session because we're going to go live into the software, but I do have a few slides. So if you'd like to get the few slides that I present, you can download that under your pending courses in your account.

Also under pending courses is where you're going to take your multiple choice exam after the end of this session and you can then earn your CEUs. Remember though, you must have a paid membership in order to earn CEUs. That way if you need technical support, you can call 800-753-2160. That's the number for Audiology Online. Or you can contact their customer service@customerserviceaudiologyonline.com at the end of the session you're going to be able to complete that simple first fit process in the software.

You're going to be able to discuss how the dynamic soundscape processing enriches the real time conversation enhancement adjustments. And you're going to be able to list the steps and benefits of running your own voice processing. So real quick, on the screen you'll see the risks and benefits for today's course. You'll find these in your handouts as well. It's right in that section if you'd like to read through them later.

You'll also find those few different slides that that I'm showing now there for today's course and you're feel free to download anything that you may need.

So let's talk about our Signia BCTIX. This is our newest introduction to the May 2025 contract and we' excited to have this available for you because this is a great perfect choice for you for your patients

because it has Bluetooth Classic which connects to 99% of all the electronics that are out there. But it's still the same size as the Pure Charge and Go Tix and it's got the longest battery life of any Bluetooth Classic instrument on the market with 36 hours on a single charge and that includes five hours of streaming. It is tiny. It's the smallest Bluetooth Classic Ric on the market as well.

Same size as the Pure Charge and Go Tix. It's got a telecoil built inside. But we have some new Options like this new LED light that will show you when the hearing aid is powered on. We also have a new serial number viewing window. It's showing right now as the hearing aid turns around right there at the underbelly you can see the serial number of the instrument.

You've got chargeability options with portable chargers, disinfecting chargers and you have the full power of ix. So there is absolutely no compromise. Now for sound quality, you don't have to ask your patient what phone are you using. You have a great solution that's going to give them the best audibility. So we're going to use our BCTIX as we walk through our portfolio.

And the BCTIX joins our already large IX portfolio which includes our Pure Charge and Go Tix, which is another great option for your patients who maybe want to stay with Apple made for iPhone. They're used to the triple click. They really like that capability. They're really deep into that Apple universe with an iPhone and iPad and MacBook Pro and Apple TV and the whole nine yards. You might want to stay with the Tix.

But the BCTix is going to be a great solution for your Apple users, for your Android users because it connects to the computer, connects to the tv. It's really simple solution. You also have your Styletto ix. You've got your NCO IIC and CIC ix. You've got your NCOS that's a rechargeable on the AX platform along with the battery driven pures, the Pure 312.

And if you need a battery driven BT we got that too on the Intuos 4 or rechargeable with the motion charge and go. So we've got something for everyone. We've got a lot that we're going to go through today. We're going to go through our first fit in our ovp. We're going to go through a lot with follow ups and what you would do with your dynamic soundscape processing.

Go into streaming Go and show you how we are skiff compliant as we've always have been and how you can adapt that as well as the Climatization manager and tinnitus. So we've got a whole lot we're going to do. We're going to go right now we're using the Connects 9.13 software. You're going to know that you're in that new software. It's a new picture on the opening screen but it also says 9.13.

So let's go ahead and we're going to go into that right now. So I'm going to go and open up my software and so we'll do that up. Here we go. Let's open up our software. All right, so my homepage looks a little bit different than yours because I use standalone.

You, you have a client list, but it's built into your Noah. So that first icon where the client list, that's in your Noah. But everything else should look the same when you open the Signia Connect software. The audiogram detect hearing aids hearing loss simulator. I'm going to click on the audiogram just to show you the audiogram that I put into the hearing aids for this patient.

Pretty typical high frequency presbycusis. Little different between the ears. Right's a little bit better than the left, but pretty typical sloping high frequency hearing loss. I'm going to go and go into the hearing aids tab because I just want to show you how I picked what I did for this instrument. And this is what you can use as well.

When you're looking to see what the best option is for your patient, you can go scroll down, look at the ricks, go to your pure charge and go IXs. I scroll down to my bctis X. And here you're going to see I have my S receiver. I'm going to make this bigger so you can see it here in the fitting range. You've got

the right and the left ear.

They fit into the S receiver, the M receiver. They also fit into the M receiver, the P. This is a 65 peak gain. It's just a little bit too strong for this end user for this patient. And then we're looking at the high powered receiver and that's really too strong for this patient.

So I'm going to rule out power and high powered for this patient. And I'm going to focus, focus on my M receiver and my S receiver. Tell me, what would you do? What would you normally pick for this patient? Would you pick two S's?

Would you pick two M's? Would you pick one S for the right and one M for the left? What would you do? Well, historically, back in a day, we were always told go with the M's and the patient will grow into it because that's what's going to fit the left ear and then the right one. It'll be fine.

But. But hearing aids have changed over the years and they've gotten so much better and they're so much more precise in the sound quality and more natural and they have so much better capabilities that actually when you overfit the patient, like you would do if you gave that right ear and M receiver, you're actually going to have some problems like circuit noise and you'll have some distortion, and it just won't sound as good because you're overpowering that hearing loss. So you want to make sure you fit that hearing loss within the fitting range that you've got, like pretty much in the middle, where you've got the equal amount on top as on bottom. So you see with the S receiver, that's really the best option for that right ear. And the M receiver is going to be definitely what I would do for that left ear.

And then over time, the ears may match, they may not. But the receivers are all covered under warranty, so you don't have to worry about that. And that's usually how I would pick. I just wanted to show you that you do want to make sure you're matching the receiver strength to the hearing loss and picking the least amount of gain that fits that receiver. Okay, so let's say we pick this hearing aid.

I'm going to now read out my hearing aids. Okay, So I have my hearing aids right here. I'm going to do live programming, and to read them out, I got to freshly put them on. They've got to be in discovery mode. So I just took them out of the chart charger.

Charger automatically shuts them off. And when I take them out of the charger, they automatically turn on, and then I'm going to go ahead and read them out. So I'm going to go into the BTE with the little green arrow right up here on top. If I was staying in the hearing aids tab, but if I was going straight from the homepage, it's the same icon, just bigger. The big, big BTE with the green arrow coming out.

So I'm going to go ahead and click on that, and that's going to read out my hearing aids. And you at the government services are extremely lucky. Reprogram the hearing aids for you. Make your life easy. That is the whole concept.

That's why we do it. So they're already labeled right and left. If you don't trust us, if you have trust issues, and that's okay. I understand. I sometimes like to double check myself.

You can hold the right hearing aid up to your ear and play the little speaker and you'll hear the musical tone indicating that's the right ear. We. We programmed it all up for you. It's got right and left. I'm just going to read out the connected hearing aids.

That's what's going to open up when you read them out. They've already been programmed. If you switch this and go to a new fitting, you're going to wipe out what's in the hearing aids and you're just going to start over and do the new fitting yourself, which you certainly can do. But I just want to show you that they already come pre programmed for you. It's going to open up first with your Data insights page.

That's your logging page because they've been programmed already. No information is here though, because they haven't been worn. But what we want to do is check by reading out the hearing aids is go to your first fit tab and make sure you've got that green check mark there, which we do. We have that green check mark there. That first fit has done.

We just want to verify that everything is done and proper. If you were going to wipe this all out, a first fit is easy, but we're already going to pre program that for you. Okay, let's say you did go to read them out and you wiped out everything and you have to do a first fit over again. It's not that hard, I promise you. And you'll see once you're in this page, first fit, you've got that green check mark.

Everything's done. If your patient comes in a year later, two years later for their annual and the audiogram has changed. So now I'm going to make the right ear and the left ear the same. So I'm going to go ahead and override that left ear, make the right and the left ear the same. So they both match that S receiver.

I'm going to go back into my fitting tab and when I did that, I lost my green check mark. Because this is what's going to happen with an annual. When you put a new hearing loss into the software, it's going to tell you that you got to recalculate the fit. There's something that's changed, there's something that's different with that audiogram. So to recalculate that fit, just go on the bottom and click Recalculate fit.

So I'm going to show you, we're going to go ahead and do that, recalculate the fit and two things open up up override fine tuning and keep fine tuning. 99.9% of the time you're going to override the fine tuning. The reason being, let's say this patient came in and the hearing aids weren't loud enough. So you made them louder. You sent them on their way.

They come in a couple weeks later, same thing, make them louder, send them on the way. Month and a half later, come in, same thing, make them louder, send them on the way. A month later, same thing.

You're like, whoa, something's going on. Throw them into the booth, find out the hearing loss has changed, that the hearing has gotten worse.

You put the new audiogram in. If you keep the fine tuning, you're going to keep, you're going to have the new targets for the new audiogram as well as all the times you made it louder, louder, louder. So now you're over amplifying. So 99.9% of the time you're going to override the fine tuning. Why is keep fine tuning there?

Well, sometimes you do want to keep it. Maybe it is the patient that you saw, I don't know, 18 times to get it just perfect for that patient. So you are dreading their annual. Because now you've got to start all over again. You might want to keep all those adjustments.

Those 18 times they came in all to make it just perfect for them. Apply the new first fit and then maybe match targets from there. So that way you're keeping the fine tuning, you're keeping all the adjustments and then going from there. So that might be what, why you would want to keep it. But that's rare.

Most of the time you're going to override the fine tuning. So I'm going to override the fine tuning. And I get my check marks right there. I could also just do. And I pulled down the menu, do a new first fit.

So if this is the patient that came in 18 times and is still not happy and you're like, oh my gosh, I am so far from where I started from. I don't even know if we're even near the targets anymore. You might want to re first fit. And that wipes everything out and gets them back to scratch. So you can do that as well.

If you were doing first fit yourself, you only have to do there's five tabs along the bottom here. You only have to do the first and the last and apply first fit. So in the first tab, that's your acoustic parameters, that's what plumbing are you using. Are you using an open sleeve, a closed sleeve, a vented sleeve, a power sleeve, an ear mold, an ear hook, and please don't use open. Please, please, please, please

don't use open.

You lose so much of your noise reduction in your directionality with open. And we've got own voice processing. So I do implore you to use either the tulip, the round or to use the vented. Okay. And you're gonna see I just made a change here.

Look, I lost my green check mark. So anytime you make changes on this page, even though you think it's a, you do have to recalculate the fit because you want to make sure the sleeve on the hearing aid matches what you have in the software. It does make a difference. I like choosing that tulip or the vented as the most open that I'll use because they're both going to give me a semi open response. Okay.

The closed sleeve is actually has a pressure vent and the power sleeve has no venting at all. So you know that what that's the difference between them. Okay. Okay. So I really like the vented.

I think that's got the most protection at the receiver opening against wax. So that way no little bit of wax can get in. It's usually my go to. Most people are usually like a small or an extra small evented. And that's usually my, my, my gold standard starting point.

So I'm going to choose vented for this patient. But we're going to put it into it anything that you designate at time of order. So I'm going to put vented in for this patient and then I'm going to go over here, skip everything in the middle and I go to my fitting formula and this is where I choose. We're going to first fit to Ixfit unless you designate otherwise. Ixfit is based off of NL2, so it is absolutely using your NL2 targets.

It is my favorite starting point to be honest with you. And the reason being is because it's using NL2, it's using the straight prescriptive. But it's because been optimized for the form factor for the technology.

So it actually has been tweaked to be even better than the straight 100% prescriptive as your starting point. You will absolutely match your targets.

So I implore you, you try the IX fit. I think it's going to give you a better fit. So that's what we are going to start to. And we start to experienced. Experienced is 100% to target.

Okay. If you choose new, that's a cut. That's a 30% cut. New is 70% to target. Experience is 100% to target.

I always start with experience because you're verifying verification is 100% to target. So if you start with new at 70% to target and you're verifying to 100%, that's a lot of adjustments you got to make because you just handicapped yourself. You made yourself start behind, start equal, start with experience. And that way you can match your targets fast, easy, no problem. Power is more like 110% to target.

Power is going to be more linear, less compression. I usually use my experience. If you chose to use straight prescriptives. Okay. Which you certainly could do.

Same thing goes for new and experienced. Experience is 100% to target. New is 70% to target. But I want to point point out this is important. If you are going to use new, do not change the acclimatization level because you are just it.

You're opening yourself up to a whole lot of advanced math and there's no need to do all that. All right. With experienced. 100% to target. So at 100 of 100% to target, it's 100% easy.

I move it down to 90. It's 90% of target. 80% to target. 70% to target. See how I'm going here?

Pretty easy, right? If I do the same thing with new, my starting point is 70% to target. So 100% really is 70% to target. So 90% is really more like 53% to target. And 80% more like.

Well, no. So 100%, it was 70% target. So 90% is more like 73% to target. Oh, my gosh. I can't do math.

It's been a long day. 100% is. Is 70% to target. 90% is more like 63% to target. 80% is more like 54% to target.

Oh, that math was hard. See, like I said, don't do that to yourself. Because then if you make it 70%, that's going to be like not even wearing a hearing aid. Why even bother? So don't adjust the acclimatization level.

If you're going to use new, keep it at 100% because that's 70% the target. Or better yet, just do experience. Make your life easy. That's 100% a target. Don't touch it.

So I hope that helped. And that's why another reason why I like to go and fit to Ixfit, because the choices are a lot simpler. New is 70% of target. Experiences. Target power is over targeted.

110. All right. I always do experience. So when you're doing your first fit, that's all you've got to do. You've got to do your acoustic parameters, you got to do your fitting formula.

You got to apply your first fit. Skip the feedback test. There's no reason to do that. This is a secondary or actually even like the last case scenario feedback test because the feedback system's already built into the hearing aid. It's automatic, it's adaptive, there's no need to set any parameters.

It's a really good feedback control and it's following the feedback path of each microphone, of each ear, of each of the processors. It's really in each channel. It's very, very, very advanced. And you're not

going to get feedback. If you are getting feedback, it's most likely because you have a bad fit.

Either wax in the ear or hair, or they're using an instrument that they really shouldn't, which I'm sure you probably know that, but sometimes you're forced to fit them with something they shouldn't be wearing. Just know that if you have to use the feedback test, it's probably because you have a bad fit. If they're getting feedback, most likely they don't have the right receiver. You probably have to go up a step and receiver or the sleeves. You might need to close up the ear a little bit more.

And that usually solves it. You usually do not have to run that feedback test because it's just, it applies a notch and that will reduce your audibility. There's no reason to reduce your audibility. So when you're doing first fit, all you need is acoustic parameters and your fitting formula. That is it.

And then you apply your first fit. What I do and what we cannot do for you is the own voice processing. And I usually do that right at time, at first fit. It's not going to affect your real ear measurements. So you can do your real ear measurements first and then do own voice processing, whichever order you want.

Own voice processing is lowering the gain just when the patient talks and not for anything else. And let's see if we can go into our own voice processing. Let me open this up for us. Open up. There we go.

We've got our own voice processing and we're going to run the ovp. Okay, so I'm going to restart the retraining because I had done it already. I want to show you. I'm going to do it live. I'm going to go to the training and it's going to give you instructions and you want your, your patient to be.

Make sure it's quiet in the room. And when I say quiet, no one else talking, you can have a fan on. I've got a really loud dehumidifier going right now, and we're still going to be able to run it. You want to make sure your patient's away from any hard surfaces that are in the room. So you want to make sure they're away from the wall, away from a hardb.

You want your patient to be away from the computers, so that way no interference from the computer monitors. And you want them to talk loudly. And you also want them to have continuous speech. And if you tell your patient to just keep on talking a hundred times, they're going to say, I don't know what to say. And then they shut up.

Guarantee it, even if it's Chatty Cathy. So that's why we tell them to count, and we count from high numbers, so that way the numbers run together. You need continuous speech. And it doesn't matter what language they count in or really what even they say. We just need the words to run together.

If they start counting with the number one, they always pause between the numbers 1, 2, 3. It's not going to work. So you want them to count faster with the numbers running together. 21, 22, 23, 24. And you want them to be loud, so I always instruct them.

Mr. Patient, I need you to. We're going to train the hearing aids for your voice. I need you in a nice loud voice to count starting from 21. You're going to hear the hearing aids cut on and off.

That's okay. You're going to hear the hearing aids beep. That's okay. Just keep on counting, because I tell them that. Because you'll see.

When I go to the next screen, make sure I don't start the training until they start counting. So I don't have them wait for the beep and then start counting. I have them start counting before that, because that way if they're too soft, if they're going 21, 22, then I could tell them louder. Or if they're too slow, I could tell them faster. And it's not going to interrupt anything.

So I have them to start counting. Okay, Mr. Patient, start counting now. 21, louder. And then we start the training.

21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40. And of course, it's not going to work now that I told you all of that that. Oh, so I'm going to go ahead and cancel that. So we're going to go ahead and if the patient gets to 40, it's not going to work. All right, so let's try this one more time.

I'm going to go ahead and let's say while it's waiting, while the training, something's happened with my software. Here we go. I think my software got stuck. I really don't even think that was me at that point. You want to make sure to your Noah Link wireless is close to you.

That's really important. You want the hearing aids to be on the ears on the patients. You want it to be quiet in the room and make sure the Noah Link wireless is close to the patient. Because when the patient is training the hearing aids, that is doing a really complex measurement. It's taking exact measurement of the distance between the mouth and the ears.

So your nolink wireless can't be on the floor. It's gotta be close. Let's try that again and try 21, 22, 23, 24, 20. Ah, there it is. I told you there's something up with my computer.

All right, so you'll see, see own voice processing, it defaults to the medium setting. All right, that's about 5 or 6 db of reduction of the patient's voice. I don't make changes after I run voice processing. I don't even ask the patient how their voice is because especially a first time wearer, they have nothing to compare it to. They have no idea.

They don't even know what they're looking at or what they're even supposed to hear. So I just let them go. I'm like, okay, we trained it for your voice, let's move on. And I continue with the rest of the first fit. At the end of their first fit, at the very end of the appointment, I'm like, okay, we're all set.

We're going to leave it here because they've worn the hearing aids for about a half hour or so and they've been talking to you. If they volunteer at that point, that oh, my voice, then I will move it to max because they're going to hear the difference then. And you can see the yellow has gotten darker or thicker here up on top. That's the reduction of the voice. The minimum setting is about a 2,3D DB reduction of the patient's voice.

The medium setting, the default is 5 or 6 decibels reduction of the patient's voice. The maximum setting is 8 or 9 decibels reduction of the patient's voice. So I don't like to max it out from the start. Unless this they have, you know, maybe like 5, 10 DB thresholds and I put them in a semi open vent. Then I might put a max to start, but for the most part I keep it at medium and they make an adjustment when they say something because I don't want to back myself into a corner.

Or I might then ask them directly when they come back for follow up, how is your voice? And then move it to max. Sometimes if the patient's worn hearing aids before and they're used to their voice loud and boomy, then all of a sudden you run own voice processing and they're talking louder because they can't monitor themselves because it lowers their voice and they're used to their voice loud and boomy. So for that patient, don't shut it off, just put it on minimum. Because OVP is going to give a lot of great information and stability to the hearing aids and make hearing better in noise in general.

Make it better. So I never like to turn OVP off. It's available for all of your fittings. When you do a binaural fitting with BTEs or Ricks or if you're fitting as a bicross, you've got own voice processing. So it's something I always like to put on.

I like to use, I like to run. It takes 12 seconds at your first fit. It done, green check mark, boom, you're done. At this point, this is usually when I will do my verification and that's under fine tuning. I'm going to go to sound and loudness.

And look, we listen to you. You have said that you wanted gain first, so we put it first here, the first tab. This is where you have your soft curve, your average curve and your loud curve. If you want to do all three curves together, either you can link them all together by highlighting everything or you could just do that under frequency shaping because that's all your curves all together. So usually when I'm doing my verification, I usually do all three curves together with the first verification of average sounds.

So if I do the average speech first, then I will make my adjustments. I'll keep them linked right and left and I'll make my adjustments to the frequency shaping to all three curves together. And then I go into gain and then that's where I'll do my soft curve independently. And that's where I'll do my loud curve independently. And your arrows here, the double arrow is 3dB your single arrow is 1dB.

You can really get into the minutia. You could do 20 handles. You could really fine tune it. And then I'll also do the mpos. And my MPOS is based off your matrix on top.

So how you read your MPOS, your matrix is at 119 max output. Your handle here is 119 output, where it's a negative 15. The output here is 104, where it's negative 12. The output here is, make me do mental math. 117.

That's what those negative numbers are. They're based on the output of the receiver. Okay, and again, the reason why we have so much mpo, these hearing aids that I read out were M receivers. They're too strong for this patient. Remember, we made them both the same as the right ear, so don't do that.

But I wanted to show you, that's why, all right, you're just getting, you're, you're just. You lose too much. So when you do your gain again, that's where you're going to find your curves. All right? And you can certainly do the curves together by linking and highlighting a group, and it'll highlight it on your graph too, as well.

But after I do, let's say I do my right ear first. And after I do my average, my soft, my loud, my MPOs, I will uncouple then and do the left ear alone. Because if I started with the right ear, I kept them coupled together because typically you're right and your left ear, for lots of patients, they're about the same. So I keep it coupled together to give me a head start when I do the second ear. So that way when I do the second ear, I uncouple it and then I will get do the second ear by itself.

So that's usually how I do my verification. Real quick, real easy, simple, done. All right, What I want to show you is what you're going to do for follow ups. All right? One thing I want to show you is you're going to go into your dynamic soundscape processing.

Dynamic soundscape processing is the brain of the hearing aid. It's where you make your universal program truly, truly all automatic. I love the dsp. I love this page. I love giving the patient just one program.

That's it, one program, one and done. And that one program does everything. It's all automatic. It makes all the sounds great. And you can make those adaptations here.

And the great part too, with the dynamic soundscape processing is it doesn't affect your real Ear measurements. So what you're doing here is all on the offsets of your universal process program. Let me show you. There's two controls here. The very, very top part is your noise reduction, your directionality.

This is what controls your real time conversation enhancement. Remember how I said we have additional focus beams in real time conversation enhancement that can track on to multiple speakers and follow them. So that way the speech is clear and it's separate from the background sounds because we have split processing. And so the background sounds are still immersive, but they don't overpower the speech. Speech is clear and you're able to follow these multiple speakers in these noisy

environments without having to turn your head and look at it.

You don't have to see and look and see who's talking. You're able to hear in this really challenging environment. And that's what real time conversation is enhancement. Does this control this dynamic soundscape processing? Top part, this little cartoon controls all that, controls your directionality, controls your noise reduction.

What you're setting is how aggressive it is in quiet and then it will be, then take that and then build upon it and be more aggressive in noisy situations. So what we're looking at is what you're adjusting is the black line. The starting point is balance smack dab in the middle. That's the equal amount of like directional and omnidirectional. So when we look at the cartoon, that's first, that, that comes first here it's just two people sitting on a couch talking.

So it's speech and quiet. So that's the support that you're going to get in speech and quiet. And when they go into a noisier cafe and they have maybe some more people talking, there's more speech support. And when they're in a really loud restaurant or a loud party, there's even more speech support. You're not adjust adjusting the red bars.

What you're adjusting is the black where it's at balance. And for everybody, you're going to start smack dab in the middle at balance at first fit. You're really not going to adjust this. You're going to come here when your patients have follow ups, when they come in and say, I hear you just fine in the office. And I am, but I'm struggling when I'm at the restaurant, I'm struggling when I'm in noisy environments.

This is where they're going to go. And so for that patient, what I would do is I would give them one step up towards highlight, give them more Focus, give them more directionality, give them a little bit more strength in that real time conversation enhancement so they can really lock on to the speech. And you could see it's increased in quiet, but it also increased more in these noisy situations. You only want to

do one step up at a time. You never want to go from balance, like all the way up, two steps or three steps.

Too drastic, too much all at once. You only want to do one step. Think baby steps, one step at a time. For the most part, I keep everyone smack dab in the middle of balance to start. There are a few people that I will make adjustments for at the starting point.

If your patient has very poor discrimination, if their discrim is like 50, 60, 60%, I will start them one step up towards highlight, give them a little more focus to start with. They need it for their discrim, for their understanding. If your patient was wearing another manufacturer's hearing aids and the hearing aids has like that zoom focus that has more of that narrow directionality, that focused, you know, almost like wearing blinders, I would start one step up towards highlight, give them more focus. If your patient was wearing technology from another manufacturer that was more open where you could hear more around, I would go one step down towards awareness. That's going to give them a little bit more omni.

It's for the patient who says, I want to hear the clock ticking in the living room. You know, that soft little click that, that hardly anyone can hear, but they want to hear it. Going towards awareness gives them a little bit more omni. But what you'll see is that's in quantity, it. But then it still has that speech support in the noisy environments where they need.

So don't worry about making an adjustment here. And like, oh, I just ruined the hearing aids. They're not going to get the directionality. No, they still will, but they'll get a starting point of what maybe they're comfortable with or what they liked before in the past or what they need for the best understanding for most people. Typical presbycusis, high frequency hearing loss, first time hearing aid wearers, 80% discrimination or better.

I started balance, I start everyone at balance. And that's the top. That's the adjustments you're going to be making with your dynamic soundscape processing that adjusts your noise reduction, your directionality. This bottom part is a completely different adjustment that does a frequency shaping. Okay, so you'll see when I'm in quiet, everything is grayed out.

That's because when you do your verification that speech and quiet, quiet. There's no one else talking. It's just the verification machine that's doing the measurements. So your targets, your starting point is all speech in quiet. So that's why it's all grayed out.

That's your starting point. And when you're looking at your frequency shaping, you want to see your graphs. So I'm going to click on the little I with the graphs over here in the right hand side, the eye opens up and now I can see my graphs. Oh, so much better. All right, so quiet, all grayed out, all zeros.

Because that's what I do with my verification when I'm in my fine tuning, when I go to my noisy offset now everything comes alive. Now I can make adjustments because this is based off of speech and quiet. And that's how you're going to read it. It's all in DB and the frequencies are on the bottom. So 0,000+1 +1 +1 +1.

What that means is the hearing aid. When the patient's in a noisy situation, the hear going to be the same as speech and quiet up until 1500 Hertz. And then above 1500 Hertz the hearing aid is 1dB louder. So that's the offset for noise. If this was my patient that was struggling in noise told me, I hear you just fine in the office.

But it's when I'm out in noisy situations, I would go one step up towards highlight and then I would come down here, the sound equalizer, open up my graphs, go to your noisy offset. And these first three handles, that's your noise area is below 625 hertz. I'd bring that down 3 dB. So I'm doing three clicks down. Each click is 1 dB.

And when I'm done by making. Oh, I went four. That was a little too much. There we go. What I did here is I made the low frequencies below the speech area 3db softer than it is when it comes to there in quiet.

Then this next three handles, zero plus one plus one. That's from 625 hertz to 4500. So in this area, this is where I'm going to give them a little boost for speech. And I'm going to do a 2 DB step up. So we're going to go 1, 2, and then this handle will do 1, 2 and this handle I'll do 1, 2.

So what I did in their speech area is I gave them a bump for speech. So take a look at your graph. When this patient's in quiet, they're a target. When they go into noise, the lows go down, the mids pop up. So this is how I could make that situation, that universal program, because I didn't give them extra programs perfect for them in every scenario.

I could do it for noise. I could do the same thing for car. When they're in the car, I can, you know, bring down the noise or bring up the speech. When they're listening to music, if they say, you know, I really like the bass, I really want to hear the drums, I could turn it up more so that way they get more of a bass impact. Or I could do more high frequencies.

If they really like the horns when they listen to or the strings, whatever the case may be, this is where you can fine tune that automatic program and truly make it perfect for your patient. I love my dsp. That's my go to for all my follow ups. Everything else that we offer is just a bonus. Those are your main three tabs.

So let me show you some other other things. Basic tuning. This is where you're going to do quick and Easy adjustments in 3 DB steps. So every click you do here is more broadband. So Master gain, that's all three curves, broadband every click about three decibels.

So you want to be more conservative with your clicks for your curves. If you wanted to do a broadband adjustment of the whole loud curve, this is where you're going to do it. Loud curve, average curve, software curve. I love this tab for the speech adjustment because just by clicking the plus I can bring up my speech area 3 decibels and I'm going to do it again and I'm going to click it a couple of times so you can really see I'm going to really pull it out and you can see what it's adjusting. And I made a 12dB adjustment.

For those of you that are counting, I clicked four times. So what it adjusts is from 7:15:50 to 3,000. This is your speech area. This is where it's going to make the adjustment. And if you did too much anytime, if you did anything too much, you can always do the undo.

The undo right up the top here will bring it right back down and you can click undo literally a hundred times to get back to the first fit to the beginning of that session. So don't feel like you ever made an adjustment that you can't fix. You can always hit undo under fine tuning as we said. That's where you're going to do your verification under sound and loudness. You can add frequency impression if you would like to.

It doesn't usually default on. If it is on, you're going to know it. You're going to see it on your screen.

The black is what's being rolled off and it's being pushed into the pink or the blue area. So it really doesn't matter.

Whichever screen you're in, you're going to know that frequency compression is on. See, I went to first fit and it's still there. So you don't just have to go to that page to know that it's on. But it's a great option to use just in case you may need it for that page. Patient sound settings.

What I want to show you here is that most of the sound settings are grayed out. And I implore you to keep it grayed out, keep it locked. The reason being this is all what's being controlled by that dynamic soundscape processing, by the page with all the cartoons. All right, Remember how I said this is the heart of the hearing aid. This is your noise reduction, your directionality.

This is where you can frequency shape your universal program well in fine tuning under sound settings, that's where you can see individually all of that noise reduction and directionality. If you unlock it and make changes, your dynamic soundscape processing will not work as intended. So you want it to keep working as intended. Keep it locked, let it be all automatic. What you can adjust is your windscreen, your wind noise.

You can adjust your sound smoothing. That's for transient sounds. That's for newspapers rustling, silverware clanging, high heels on a ceramic floor. Minimum setting is a 20 decibels reduction. Medium setting is a 30 decibels reduction.

Max is a 40 decibels reduction. So if this was my patient that came in that said they were bothered by noise, I'd go here too and maybe put it on medium. This is your main feedback control. It's automatic, it's adaptive, it's always on, you don't need to touch it. And you have auto echo shield for those really echoey environments.

And let me tell you, every patient has an echoey because every patient has a bathroom or a kitchen. And those are very echoey environments. And sometimes they all like to sit in the kitchen and have conversations. So auto echo shields built in. Keep it on, make it easy measurement settings as if you're testing in a test box.

And it helps you set your, your parameters on and off. Fitting assistant is if you need help and you're not sure, this is also great. If your patient doesn't have the verbiage of what's wrong. They come in for a

follow up and they're like, it's good. All right, well what's not good?

It's not good. Then you can say, is it your voice? Is it speech? Is it sound quality? Is it environmental sounds?

Oh, it's sound quality all right. Is it boomy? Is it not clear? Is it unnatural? So this you can give the words to your patient to help figure out what it is that you need to adjust.

So that could be a big help too as well. And I want to show you the audio streaming. I love the audio streaming page because is did you know you can make adaptations for different types of streaming? You can adjust for just audio streaming, which would be your YouTube videos, your audiobooks. It would be listening to TikToks or anything on Instagram.

Whatever the case may be that you're streaming from the phone, that's what you're going to do with audio streaming. TV is for TV streaming. If they're using a TV stream and hands free is for the made for iPhone or the Bluetooth LE audio or with the Signia bctix, your Bluetooth Classic that you have the hands free capability and this is where you can adjust. I love to put the adaptive streaming volume on for everybody. The reason why is because lots of times they're streaming in noisy environments and then they complain that they can't hear what they're listening to.

They can't hear the video, they can't hear the person they're talking to. What adaptive streaming volume does is always makes the streaming louder than the noise floor. So as the noise floor increases, the streaming increases and you can adjust the microphone. So I like to adjust the microphone. I never like to go lower than 70 than 45% because I feel like they need to have some microphone input, especially if they're streaming out on the street and somewhere in public.

It's for safety reasons. If you want to make changes to the frequency shaping the streaming, little hint for you. I like to make those changes by going to one handle and then making a broadband adjustment because it keeps the ratio of how it was set for that type of input already intact. So that way it just I can make it louder and it still keeps that same same setting, that same intensity for the lows and the highs that is meant for the streaming of that type device. So that's kind of how I set my streaming.

I just wanted to show you too as well.

We talked about hands free under configuration is where you can make that SCIF compliant hearing aid. And that's right here with the call control for Hands free. If I uncheck it now, the hands free is deactivated, activated. Now the patient cannot use the microphone on the hearing aids to talk back on their phone call. Now this is important to note.

Bluetooth Classic is a different animal. This is bctix, it has Bluetooth Classic. So when I disable the hands free on the bctix I not only disabled the ability for the hearing aids microphone to pick up my voice when I'm talking on the phone phone, but I actually disabled all phone call streaming. So if I was wearing my BCTIX and I disabled Hands free to make the hearing aid skiff compliant, just let the patient know they either have to hold the phone up to their ear or they need to talk on the phone via speakerphone where everyone can hear. It won't stream the phone call directly to the ears, it'll still stream media but it won't stream the phone call.

So that's just, just an important thing to note. If you are making hands free with the pure charge and go tix or with the Styletto ix then your just it still will stream up to the ears but you'll have to use the microphone on the phone rather than the microphone on the ears. So little, little hiccup there with Bluetooth Classic. I just wanted you to be aware of that. But that's where you can make your hearing aids skiff compliant.

All right. I love this configuration tab because I like to go into the system sounds and play the beeps for your patient. I hate that VC change is not checked off there. Do you know you can fix that in your software? Go into the little wrench, this little wrench that's right on top.

That's your user preferences. Click on that little wrench, go to your first fit tab and go to your hearing aid configuration. Now I could put a check mark over at VC change and now every time I do a first fit that VC change is always going to be checked off and I'm just going to hit ok, so now I don't have to change it every time. I don't have to go in here and check off. I don't have to remember.

It's always going to beep every time the patient makes a volume control change. Another hint for yourself, melodic is a musical note. If they're having a hard time telling the difference, maybe you gave them different programs and or they're having a hard time telling when the volume or program Change it to basic. It'll be just one beep, beep, beep, beep, beep, beep. And it might be easier for them to determine.

And you can also adjust the loudness of the basic beep. And let me tell you, you put it extra loud, you're going to hear it, they're going to hear it, everybody's going to hear it. It's great. Also, you can adjust frequency with basic. And another hint for you, this is something that I learned the hardest way.

I always used to put the beeps in the frequency that was where the patient had normal hearing. Because I'm like, oh, they have normal hearing. That's where they're going to hear the beeps. That's where the hearing aid's not working. So you always want to put the beeps where they have the most hearing loss.

Little hint for you. All right, so learn from my mistakes. Some other things I want to show you. Let's say, say your patient's like, oh, I have to go to the bathroom in the middle of your fitting. Disconnect using the disconnect button in the bottom left hand corner.

And actually get into the habit of always disconnecting using the disconnect button rather than X out by using the connect disconnect button, it's going to keep all your Bluetooth pairings intact with their phone, with everything. But what I love, too is if they went to the bathroom and then they come back 10 minutes later, I could just hit connect again and I don't need to sh. Hearing aids off and on. I could just connect them that way I don't need to put them in discovery mode. I kept the page open.

It's really simple. I just hit connect and then boom, I automatically connect again. So I loved using the disconnect connect button. I want to show you another option that we have in our software, and that's the services tab. Did you know that up here in the services is where you can program the right and the left here hearing aid independently and still keep them as a pair.

If you send out a hearing aid for repair, and God forbid, and this only happens like 10% of the time, but we lose those settings and you've got to restore the settings back into the hearing aid. You can. When you get that hearing aid back from repair, you don't need to have its mate there in order to have them paired together. Just open up, go to your session list, load in the session that you last saw your patient when they had the two hearing aids, and then while it's in simulation. You're going to go up here to the service and you're going to program the right or the left hearing aid.

That's how you're going to program it. And then it's going to pair it. It's going to program it as if it was a pair. So that's another little quick and easy hint for you that hopefully should help. Did you know we also under, under personalization have the climatization manager.

So if you're in a more REM remote area where your patients have a harder time coming back in, that's okay. You can always set your climatization strategy and this has to be turned on. It will not work automatically, what I always do, because I do my real ear measurement, I do all my fitting, and then the patient might say, oh, it's too loud. I want them to get to that target. I want them to get to that real ear

verification.

So I'm going to do my current fitting is my end point. And then I'm going to make an adjustment, maybe an individual adjustment. I could turn all of that maybe down. So maybe I'm going to start this patient with maybe a 6dB. Oh, that's a lot.

Maybe a 4 or 5dB reduction from target and a broadband reduction. Or I could do it independently. However you want to set it. And once you, once you set it, you set your duration. Be sure it is one week or two weeks, although I think that's too short.

I think that the patient hears the changes. It's too short. I like it more like four weeks or two months. And then you're going to start it. Once you click start, it's going to populate with the date and then your progress is going to start and over time it's going to fill up.

All right. If your patient comes back in before it gets to the end of the climatization manager and they get to target, you just want, want to reset it. You want to stop where it is and reset it back to your starting point to where you were at target when you did your verification. So that way you can make your adjustments from there. Okay.

Another last thing I want to show you is we've got tinnitus options. I'm not sure if you are aware that we've got two fabulous tinnitus options that have multiple, multiple flexibility throughout. The first one is your sound therapy. And sound therapy is using either steady state noise or modulated noise. It's using the theory of habituation, just adding the noise all the Time so the patient can habituate to their tinnitus.

Once you put the sound therapy on the gray line that's running across on the bottom, that's the sound therapy. You can adjust volumes. Now that gray line's black, you can adjust volume, make sure hear the noise. And you have different types of noise. You have steady state noise, like white noise, pink

noise, speech noise, Brownian noise.

So you have lots of really great options for noise that are all steady state. Or you can do ocean waves, which is modulated noise. And with ocean waves, it's using white noise and you have different ways that the noise is coming in and out. With Boulder beach and pebble beach, the noise gets louder and then goes away and then gets louder and then goes away. And Boulder beach is a lot quicker and pebble beach is a little bit slower.

Paradise beach and Rocky beach, there's always low level noise. So it'll get go quick, loud and soft and, but then still be there and where Rocky beach will be slow going in and out. So however you want to set the noise, if you want to do it as waves, if you want to do a steady state, that's your sound therapy. And you can use that for everybody whether they have a hearing loss or not. And you can set it however you need to, whichever therapy that you, you're following.

Notch therapy is exclusive, just insignia, and it is phenomenal. Notch therapy gives you the option of not adding noise. It's using lateral inhibition. You have to pitch match. You have to find out where their tinnitus is located.

So you either do that in the booth or I like to do it in the booth and do it in the software because the software uses a sixth of an octave. So if you look at the direction entry, look at the different options that you can have. My audiometer does not go that tiny, but the software does. So I like to do it in the booth and then double check that I'm in the right area in the software, get my pitch match, and then you apply it to all the programs that you have for the patient. If they only have one program, it's just in, it's just in that one program.

So let's say I'm going to use direct entry. Let's pick one and let's say it's 53, 30, 33 hertz. I'm going to use this frequency. It then tells you to do a check and it'll give you different octaves of that same

frequency to make sure that you have the right one. And then you activate it Once your Notch therapy is on it, you'll know it's on no matter what.

Let's, let's go to no matter what screen you're in, you know it's on. So you don't have to just go into Notch therapy to know that it's, it's on. And what it's doing is it's using lateral inhibition, it's removing all amplification in that one half octave where their tinnitus is located. So over time, it's based on the contrast of what's amplified and what's missing. Over time, the patient's brain learns not to hear their tinnitus by not stimulating that area.

That's why you want to put the notch in all your programs. And if they like the sound therapy, you could put the notch in sound therapy too. So you can use all six programs and use one for ocean waves and one for white noise. Put the notch in all of them because you don't want the brain to be stimulated in some and not stimulated in the other. So again, it's based on this contrast of what's amplified, what's not amplified.

And the greater the hearing loss, the faster the patient will be able to, to have relief from their tinnitus. So if they have a, let's say, moderately severe hearing loss, where you're putting the notch, it could be as quick as four to five weeks that the patient will see the results. If you have a mild hearing loss, Maybe it's like 20, 25 decibels hearing loss, where the notch is, it can take as long as three to four months. And what is it that the patient does? See, they find that when they take their hearing aids out at night, the tinnitus doesn't come back.

So I love Notch therapy, but they have to have a hearing loss because it's got to be based on that contrast and you got to be able to pitch match. So this is something for the long term. It's in all of our hearing aids. Every level of technology, whether it's the X, the ax, the ix, we all have Notch therapy. If you'd like to learn more, contact us at Signia and we be more than happy to go through it with you and show you how that works.

And that is everything that I wanted to show you with this software. So let's get back into my PowerPoint and I thank you. I thank you for joining us today and for taking the time to learn more about Signia Connects. If you're interested in learning more about our products and software we encourage you to search our courses out on audiology online, and always be sure you can reach out to us for assistance on our dedicated government and service line here at Signia at 1-800-955-4327. Thank you again and have a wonderful.