

This unedited transcript of a continued webinar is provided in order to facilitate communication accessibility for the viewer and may not be a totally verbatim record of the proceedings. This transcript may contain errors. Copying or distributing this transcript without the express written consent of continued is strictly prohibited. For any questions, please contact customerservice@continued.com

Discover Hidden Treasures in ReSound Smart Fit!

Presenter: Laina Burdick, AuD

All right. Hello everyone. So this course is titled Discover Hidden Treasures in Resound. Smart Fit. And I am Laina Burdick Aud.

I'm a field training audiologist for Resound. You can see on our next slide, here are the risks and benefits for this course. And next, let's talk about learning outcomes. So after this course you'll be able to locate uncommon software features, identify the function of those features and be able to differentiate between Audiogram counseling and hearing loss simulator. So throughout today I will ask you to answer some questions with your emojis, the reactions and in the chat.

So if you could find those for me. And as you can imagine, finding hidden treasures, we need a treasure map. So you can see we started with this treasure map and like any good hearing aid fitting, we need to start with counseling. So we're going to kick off discovering treasures that deal with counseling in the software. So our map here, what is a treasure that can go with our map?

Thank you. We got a thumbs up. The hearing loss simulator. And let's first talk about how to get to this hearing loss simulator. So first you're going to go to help and then you'll click counseling and then Hearing loss simulator.

So once you click that, you're going to come right here. So after you've simulated a fitting for a patient, you're going to travel here. And this feature simulates the hearing loss so that a companion can understand what different sounds are perceived by your patient. So you can see here we have a hearing loss in the right ear on the left portion of the screen and then on the right side you can see we are running different sounds and it is filtered out based on the patient's hearing loss. Right underneath you have a drop down menu that has so many different sounds and conversations that you can run through the hearing loss so the companion can hear what this sounds like.

This is really great. If the family is unsure, you know, why can't they hear this sound? Why can't they hear that sound? And there are a lot of options for the conversations to get simulated. So you can see the one on the screen is adult talkers morning at the beach.

But there's also children's voices and different situations that can get simulated through this hearing loss simulator. But that would never be the only thing you would use to counsel. So our map is getting a little bit more information here. So let's give our patients a little bit more information too. This is where we're going to talk about the Audiogram counseling tool.

How to get here you're going to get the again, go to help counseling and then audiogram counseling. This is what it will look like. You can see we have our right and left ear displayed on the screen. You can customize visual aids during counseling in the audiogram overlays. There are many options that you can do.

You can see here on the screen we have the speech banana and. And we have the severity of hearing loss. We also have options for familiar sounds. So think leaves, rustling, lawnmower, and also phonemes. So if your patient maybe comes back in and has a specific question, you know, why can't I hear this sound?

This is a great way to have a visual way to counsel them. So hearing loss simulator is great for an auditory audiogram. Counseling is great for a visual way to counsel. So two different things just depending on maybe how your patient learns or understands things. So here is your first question.

So which tool would you use in this situation? A patient's wife doesn't understand why her voice is hard for her spouse to hear compared to their adult sons. So which one are you going to pick? Hearing loss simulator or audiogram counseling? So pick which emoji you think.

Beautiful. I would probably pick the hearing loss simulator. So she would be able to actually hear the difference between a female speaker and a male speaker filtered through her husband's hearing loss. Great. Thanks, you guys, for giving me some emojis.

Let's do this next one. Okay. Which tool would you use here? You would like to show the severity of hearing loss in the high frequencies to discuss why the S sound is harder to hear?

Yep. For this one, I would probably use those visual clues and put the phonemes on the screen so you and the patient can talk about the different sounds they could hear. So this one's going to be the heart and audiogram counseling. So let's continue on our journey for treasure hunt. So now we can see that after some counseling, we have our entire map laid out in front of us.

So we do have these different islands. So we have conductive coast, isle of asymmetry, power fitting, fjord, and configuration clips. So we are going to discuss these different software treasures built around the different kind of hearing loss and patients you may have in your office. And before you get started with patients, a lot of times we want to set up the software to make your fittings very efficient. So we are going to start with some preferences.

And the first preference is represented by a boat. And we're going to talk about session launch. So this is a setting that you tell the software what screen you want the software to open up to when you open Resound Smart fit software. So this will save you clicks and save you time. So let's look at where you can find this.

So this is going to be in the home screen and then you're going to go over to preferences and you can see there's a lot of preferences there. But we are going to start with fine tuning session launch to. So meaning every time you open the software after the initial fit, you're going to tell the software where you want to go. So you have three options here. Patient profile screen is the first option and that is where in

the software you can fit.

You can pick the experience level, you can pick what fitting formula you're going to have and what percentage of gain. The next one down is gain adjustments fine tuning. So this is where most people spend a lot of their time. It's where the gain handles are. And then the third one down is data logging.

So if you're a person that routinely looks at data logging and you don't want to click all the way back over to patient and then data logging, you can tell our software to start in data logging and that way you have less clicks every time you can look at data logging. Or maybe if you don't do that now and you want to do that, that can be your New Year's resolution to change preferences to look at data logging every time. So that is our first treasure. Let's continue with another treasure in preferences. So our next treasure is a key and this represents auto relate on save.

So the default setting is if you change gain or MPO in one of the programs, it will not change the other programs. So say you have a music program and you've changed around some of the frequency settings to best handle the kind of music they listen to. It would not automatically move those gain changes over. But if you're a person that they don't have anything like that or you routinely like for it to happen, we can change that. So again we are in the home screen and preferences.

And second from the top there you can see auto relate on save. So you have three options here no, which means no. If you make a gain change in one program, it stays there. Then there is yes. And that means if I make a program change a gain change to program one when I hit save, it's going to go to all the programs.

But there is a third option which says prompt me. So at the end of the session it will ask you do you want to auto relate make those gain and mpo changes to all of the programs. So this very much is a setting that you can decide how you want to customize. This so super exciting that it can be tailored so

much to what you like to see.

So as we continue on our journey here, we are still talking about preferences and this next one I would like to share is patient profile.

So patient profile, if you remember that is thinking about experience level. So we have several experience levels. We have experience nonlinear and that is standard gain prescription selected for the fitting rule and the to the best to match the target first time user. This reduces gain and increases noise reduction strategy for inexperienced users. And then we have first time user onboarding and this is gain is reduced to 70% of first time user and the focus is on comfort across all input levels.

So the default setting in our software is first time user. So reduced gain. If you routinely do real ear measures, especially at first fit, you may want to change this to experience nonlinear so you have less things to change to meet targets. So we're still under preferences, but this time under machine preferences. And you can see it says default experience.

And again you can pick between those three options. So however your fitting flow normally goes, this would be a a great way to reduce clicks and have you make this super efficient. And all experience level calculations, they're influenced by each audiogram. So gain and compression may vary a little bit based on these different things. But this way you at least know how you have it set at default every time.

So in the chat if you could type how are you going to set your experience level in preferences? Also in the handouts there is pictures where you can circle it. So later you can go into your software and put in how you're going to set experience level.

Looks like we have some people at experience nonlinear and a couple at first fit.

Yeah, yeah, a couple more experience non linear. So it very much is how you like to do your first fits, how you like to get things set up. Wonderful. So now we have our boat ready to go. We've got our preferences, we've got the anchor, we've got the keys to our sailboat and we are next going to do the conductive coast.

So these are things that are great for conductive hearing losses. So before we make port, let's talk about conductive coast for rundown of the island. So these would be conductive and mixed hearing losses. And oftentimes people with this type of hearing losses like more gain than sensorineural hearing losses. Some things to think about for receiver recommendations is you might go a little Bit stronger so you have more headroom to give more power and more gain.

Okay, let's see what our first treasure is on the conductive coast.

Here we are, we have bone conduction scores. So obviously with a conductive hearing loss you're going to have some air bone gaps. And this will result in, in our software it will increase the gain at higher input levels and give more linear compression. So let's look at where we can turn this on. So under fitting we have use bone conduction.

So if your bone conduction scores are in the audiogram, it will use that information and change around gain and compression levels. So let's look at an example here.

This is a, you can see the right ear here has a conductive hearing loss. And when we open up our software here, you can see the gain after we turn bone conduction on, you can see that now the right ear has higher gain and higher compression. I'm sorry, not higher compression, more linear compression. So you can see that change in just adding the bone scores will change that.

So as we continue here, we are going back to an anchor. So what does patient profile? What can we do here? So again, this time to look at patient profile, it's under patient and then profile, you can see here are all those different experience levels. So first time user onboarding.

First time user experience nonlinear and linear. And I see we have a question in the chat about onboarding. So what does onboarding mean and do? So first time user onboarding, that is 70% of gain of first time user. And it changes advanced features to do with comfort.

So it is for a very comfortable fit. So maybe a patient that doesn't like a lot of sound, that's where you would go for first time user onboarding. But kind of on the opposite spectrum would be conductive hearing loss here on the conductive coast. So that may be where you're going to change experience level to experienced linear. So this gives more gain, less compression.

So this experience linear may give that boost of sound that people with a conductive hearing loss really like. So we're going to continue on here. And now we're at the aisle of asymmetry. So here in this one we've got a couple of things to help with the asymmetrical hearing losses. So let's get a brief of the island before we head in there.

So asymmetry for air bone or speech scores. And why this is a little bit more difficult is differences in sound between the ears makes processing a little bit harder and a good thing to think about. For receiver recommendations is you may want to choose the same receiver strength for both ears. So if an LP is suggested for the right ear and an HP is suggested for the left ear, you may pick one in the middle. So you may pick an MP just to kind of keep that as balanced as you can.

So let's see what treasures we have here. We have our looking glass, and this one represents speech scores. So this feature allows you to enter the speech speech recognition scores and snr loss into the software. So let's get there first. So you can see we clicked the menu in the upper right hand corner and

then we clicked speech scores.

So here you can see you have those two options to put in those two speech scores. So how does this impact a hearing loss? And our hearing aids. So we know asymmetrical with word scores can be very difficult. If you remember how resound does some of our directionality.

We have three different patterns. So we have an omnidirectional pattern. We we have directional, but then we have an asymmetrical pattern where one ear is the focus ear and one ear monitors the environment. So one ear is omnidirectional, one ear is directional. When you enter in the speech scores, this will impact which ear the hearing aid picks to be the directional versus the omnidirectional ear.

So important if there is big asymmetries with the speech scores, it also automatically looks at if there's an asymmetry with pure tones. So that part is already taken into account. But if they have perhaps symmetrical pure tones and asymmetrical word scores, this is a great place to let our hearing aids know to take that into account.

So as we continue on the treasure hunt, you see we've got some coins. What is our next treasure? So we're talking about bone scores again. So we sometimes see bone scores that we know are not true asymmetries. So I'm going to click this.

So now you're in a fitting. And as practitioners and clinicians, we know that there may be a air bone gap that's not clinically significant. Or we know we've measured the bone on just the right ear, but it can also represent the left ear. So we need to tell the software to ignore those bone scores. So kind of the opposite of conductive.

So we can tell the software to not use bone scores. So that way with a true sensorineural hearing loss, we're not giving extra gain. So let's think about if we've only measured bone on one side, it will think, oh, this one side has an air bone gap. I'm going to give it a little bit more gain. The side that we didn't measure it on, it won't do anything.

And our clinical knowledge tells us, you know, this is an insignificant air bone gap. So basically this allows you to apply your clinical experience to determine if there's a true conductive component. If the majority of the patients you see in your practice are sensorineural and not really bone conduction, you may want to toggle this off in preferences. So we're going to go over to preferences again. Preferences, user preferences.

And there is a toggle switch here that says use bone conduction. So just be aware which one you have on or off. If again, you're mostly dealing with sensorineural hearing loss, you can toggle this off. But if you need it back on on a case by case basis, that's when you can use it here in the actual fitting screen. So kind of some things to think about there.

What kind of patients you routinely see, how you want to set up your default.

So in the chat again, what is an example of when you would like the use bone scores feature turned off?

Okay. Yeah, it's great. They wrote in the chat when you only test one ear for bone conduction. Someone said sensory neural. Yeah, those are, those are the top two that I can think of.

Sensorineural hearing loss. Awesome. Yep, those are great ones.

So our next island over here is power fitting fjord. That is a mouthful. Right? So let's talk about this before we head over there. Have a brief.

So why power fittings can sometimes be a little tricky is past linear users trying to upgrade to non linear digital devices or they just like the sound of their old hearing aids. How many times have we heard, oh, just give me my old hearing aids back. Give me a thumbs up if you've heard that before. People get very used to how their old hearing aids sound. Oh yeah, I'm seeing, I'm seeing some thumbs up.

I'm not alone in that one. So these are some features that help transition maybe someone to more of a non linear sound or just making sure that we have enough power to cover their needs.

So what kind of patients are here on the fjords? The severe to profound hearing losses and more severe hearing losses need more power. So that's pretty, pretty good there. And this can impact compression. So thinking about linear versus nonlinear semilinear, all of those have different compression.

So receiver recommendations for a ric. This is definitely where you get into the up receiver fitting range. So the Ultra power, if you remember, it is an encased receiver so you want to take an impression. So it does have a custom piece on the end. And then as far as BTES, we have two ear hook options for the 88 and 98 model.

The metal ear hook gives more stable gain. The plastic ear hook comes in three different sizes. So those are kind of what you have to compare and think about when you are doing the ordering. So is, you know, size or a little bit more gain what you want to see?

Okay, so we have quite a few over here. So of the five, here is our first one. We are headed to get a bracelet. So compression mode. So let's look how to get there.

You're going to go to gain and then fine tuning and then down here at the very bottom you're going to see you have three options. So you have linear, semilinear and wdrc. So these are all great solutions for maybe someone again who has been in a linear fit. You can have one click and now they're at a linear fit. The wide dynamic range compression.

This provides different amounts of gain for soft, moderate and loud inputs and it allows the soft inputs to be audible. Semilinear is kind of splits the difference here. So it provides higher compression thresholds and lower compression ratios with less gain for soft sounds and more gain for loud sounds. Linear provides the same gain for all inputs until maximum output is reached. It applies the most gain for loud inputs compared to the other two.

So I like to think of this if someone is used to a linear sound, instead of me trying to finagle it, I got a one stop shop click it. And now we've got linear compression. So if someone is in linear but you would like to move them possibly to wdrc, you may start them out at semi linear until they can get used to it and then step them up to more of a linear fit. So lots of options there to customize for your patient.

Okay, let's go over to the skull. And this represents low frequency boost. And where can we find this? So this is going to be under advanced features comfort and you're going to see low frequency boost. And as the name suggests, this is going to give more low frequency gain because a lot of times low frequency is where the perception of volume comes on.

So we can give them a little bit of boost in gain to get that volume that superpower fittings and severe hearing losses need. So again, just an easy way to make that happen very quickly.

Our next one we have the pirate necklace. And this represents feedback Guard. So you can see here, especially in the left ear on the screen, that the gain is less than targets here. So feedback guard is on.

So feedback Guard puts down the gain.

So the gain is never in the realm that feedback can happen. But with super power users or power users, we want all the power we can get out of these devices. So I'm going to turn feedback guard off and again this is under fitting and then enable Feedback Guard. So I've told the software, take off Feedback Guard, we're going all in. Then I'm going to hit over here, recalculate.

And that will recalculate the gain without the feedback guard on.

And then you can see now we are getting more gain. So we're getting more gain for these superpowers. So I'm going to back up here three steps to get this feedback guard on. You are going to first do fitting and then you're going to disable Feedback Guard. Next you're going to recalculate and that will tell the software to recalculate gain without feedback guard.

And then you can see now you can get more gain. And this doesn't guarantee at all that you're going to get feedback. This is just saying that we don't need to limit it based on your feedback guard. If you want that off all the time, that's again, you can do this in preferences of the home screen. So you can enable or disable Feedback Guard.

Just depends on how much you want to be very careful with your fittings. If you can use your clinical judgment, you can toggle that off.

Okay, let's go over to the treasure chest next.

Okay, NPO adjustments. So with power fittings and high gain, that 80 decibels gain may hit MPO. And this can cause reports of clicking intermittence, kind of that peak clipping sound. And the easiest way to check NPO is in a different view. So if you click Display options, you can see there is output view and

here is a good example of output view.

So instead of seeing the gain, we can now see the MPO line and the numbers on the screen. So let's take a look at this one. I'm going to go over to the left ear, the top red line, that is the mpo. And then you can see the gain lines are touching the mpo. So that means when loud sounds at that frequency happen, it is going to peak clip or turn off or sound intermittent.

So a patient may come back and say, you know, when I step into a noisy restaurant, it just sounds like my hearing aids turn off and I don't know why, or I yell up the stairs at my children that dinner is ready. And you know, they're just turning off all the time. So this would be a great place to check. And honestly, checking this is the very first trouble thing, troubleshooting thing that I do. So checking MPO is kind of my go to.

For what, what am I doing? What can I do to troubleshoot this? So let's look at some numbers here. So here's where you can see in the right ear the, there are two frequencies where the G80 is touching NPO. So 3K, we're at 101.

MPO is at 101, we're at 98. And then NPO is at 98. And over on the left side you can see there's five frequencies where we are touching mpo. So two ways to adjust this. You can unlink here in the middle and then go to each one of those MPOs and increase it with the up and down arrow in the middle.

So you can do those individually, leaving all the rest of the MPOs alone. But if almost all of the frequencies were hitting mpo, you can also use use instrument mpo. And that's going to max out the MPO to the highest level that the instrument will allow. So something to consider there. You know, the not the problem, but the drawback to using instrument MPO is things may be perceived as very loud and not as comfortable.

So just something to think about there. If you do use instrument MPO as opposed to just changing the MPO at individual frequencies.

Okay, let's continue on. Now we're going to pick up the Treasure of the diamond and here we're going to talk about compression limiting mode. So earlier we talked about you can choose the linear compression under gain adjustments. After you do that, now you have the option of soft peak clipping or hard peak clipping. So let's look at what those mean.

So here we can see, here is the signal level. Hard peak clipping, you can see, is like cutting off the top of that signal. So it is more of a harsher sound, but it has more volume compared to soft peak clipping. You can see it has less of the ridge, the top of that sound signal. So if someone is used to a hard linear.

A hard peak clipping, linear sound with previous devices, you can choose which one do they want. A hard peak clip that's a little bit more harsh or more of a soft peak clipping. So definitely something that you can try with your patients, sometimes I would make a second program and put hard peak clipping in one, soft peak clipping in the other. And then kind of like at the optometrist, when they're at home or in different situations, they can try out A or B, A or B, which one is better and come back and tell you how they want this setup. So just a lot more options for your patients to customize that power linear fit.

So our last island here is configuration cliffs. Let's talk about what configuration cliffs are. So these would be the cookie bite, the upward sloping hearing losses. So the normal highs and worse lows are middle for the cookie bite. So these are kind of things that are hard to fit.

Give me a thumbs up if you feel like this is your hardest kind of hearing loss to fit. And perhaps you wish that your coworker got the got the fitting instead of you. I, I have definitely felt that way before.

So oftentimes with fittings that are a different configuration, when real ear is ran, the settings for the setting of a reverse sloping prescription needs to be altered based on the patient's feedback and their tolerance for occlusion. So they really are often amplifies the low range beyond what the patient likes or what they can handle. So kind of thinking about this, patients often with this hearing loss find hearing aids very difficult. Also thinking about how hearing aids are usually tuned for high frequency hearing loss, how different target rules use are more used for high frequency hearing loss. So all of these things can cause difficulty with these kinds of fits.

So one thing that we have found is using our Marie receiver can be helpful for these patients. So it use their uses their own pin effect rather than an average pin effect. And this can sound more natural. But we also have another idea for this.

So our first idea here would be to modify the audiogram. So here we have an upward sloping hearing loss. So high frequencies are normal. So oftentimes to address low to mid frequency hearing loss, it's best to select occluding earpieces like a power dome or an ear mold. The combination of an occluding earpiece and little gain at the high frequencies can lead to reports of reduced clarity, muddier sound quality and feeling of being plugged up.

So if we adjust high frequencies to reflect more of a mild hearing loss, you can overcome the occlusion effect of the physical properties. So we have occlusion effect, but we also have normal highs. But we're blocking out the highs with a more occluded ear mold. So let's look at this fitting with this audiogram in. So here we are in the software.

You can see we have very little amplification and some of the numbers are actually negative. So they are taking out some of the high frequency sounds. So what you could do is you could change and or modify the audiogram in NOAA to give the patient more of a mild high frequency hearing loss. So the hearing aids give amplification in the high frequencies to overcome the occlusion effect. So let's see

that we've changed the audiogram.

Now what does the gain look like? So now you can see we still have a little bit of gain to overcome the occlusion effect. So essentially we put the audiogram into NOAA to have more of a flatter response. So this way again, we can overcome the occlusion effect.

So we have gone on a treasure hunt and we have found several treasures here. So let's recap before we do questions. So we started out with our treasure map and we talked about counseling tools. We have hearing Loss Simulator and we have and we have features to demonstrate what the hearing loss is. We also have audiogram counseling tool that is a visual look at the different sounds, phonemes, severity, speech, banana.

So two counseling tools there. As we moved on to Conductive coast, we talked about things like bone conduction to handle using bone scores. We also talked about using patient profile to increase that to experience linear to give them more sound boost. As we moved over to isle of asymmetry, that's where we talked about the opposite of that with bone scores. If the bone scores were not clinically significant, we could turn bone scores off, letting you guys decide if those air bone gaps are clinically significant.

We also talked about using word scores. So how the word scores can impact that asymmetrical pattern that Resound uses in our directionality patterns. And then power fitting. So you can see that's where we had the most treasures. Here is where you can look at MPO in output view.

So output view is where you can see visually on the graph and with the numbers where you need to turn up mpo. Or you could use instrument MPO and turn it all up. And then we talked about different compression modes. So we talked about linear, WDRC and semilinear and the different kind of patients that may like different ones. So if a person has been in older hearing aids or loves that linear fit, that's where may you go for linear.

If they want to kind of try the new one, you may go semilinear and then wdrc. That's great for a new patient or they want a little bit more comfort and dynamic hearing. And then over here on configuration clips, that's where we talked about changing the audiogram to a more flat response. So they are getting some of those high frequencies to overcome the, to overcome the occlusion effect. And I see we have a question about that in the chat.

So why wouldn't you just increase high frequency gain? And that's a great question. So you could just increase the high frequency gain overall if you change the audiogram, it will do that kind of automatically. And then you can also run real ear to match those targets just to make sure that you are kind of in the right fitting realm. All the reasons that you guys normally run real ear, so.

Oh, another one. Okay, another question. Can you just. Yes. Yep, perfect.

Just answered that. So overall these, these features are not necessarily something that you would have to change on every single fitting or every single follow up. So these are kind of the oncome uncommon fittings that just we give you a couple of tricks here and there to overcome some of these tricky fittings.

So continue to put those questions in the chat. But I've got one more question for you. Which software feature are you going to use first?

So I know I'm probably going to use MPO first. I get a lot of tricky fittings and like I said, I usually check that. All right. Someone said turn off feedback guard. Oh, someone said the opposite.

Turn on feedback guard. Okay. I like both of those options.

Compression mode.

All right, I see the hearing loss simulator. That's really impactful for counseling a, a loved one. You know, why can't, why can't my husband hear my voice? Excellent.

All right. And I'm seeing a question there.

Can you remind me how to get to mpo? Yeah. So to get to mpo you are going to go to Output view under Gain adjustments and it is in the middle of the screen between the two audiograms and it will say display options and then output view. And that's where you can see that other view where output and MPO are graphically shown and the numbers on the bottom. I really like to see those numbers and any other questions you can put in the chat there.

Does Smart Fit software automatically plural pull word scores from noaa and the word scores do have to be manually entered. So if you do notice a significant difference between ears for the word scores, feel free to hit menu and then speech scores and add those in. So that's probably more of a, a one off basis that you would put that in. And then finally, last slide here. If you have further questions, we do have Resound does have resources available for you.

So feel free to reach out to customer care with that phone number on the screen. Additional resources are your territory sales manager. So those are the folks that are out in the field with you inside Sales manager, field training audiologist. That is what I do. And then remote training audiologist.

That is a virtual person like me. Oh, and I see another question in here. What would be the negative effects of using speech scores? So a negative effect that perhaps it could incorrectly choose which ear for the asymmetrical pattern would be directional versus omnidirectional.

I'm not sure how much of an impact that would have on a patient other than you maybe lose a little bit of speech clarity and some noise. If that happens, I would probably have them go over to the default

second program, the hearing noise program to get that boost in speech clarity. Good question.

Okay, I see one about auto relate. Why would you not want to use auto relate? So I think about this. If I have made a specific program with different frequency responses. So I always think music programs like perhaps I've.

I've specifically tuned the music program to playing their trumpet. I but so I've done that one session, they come back and say oh, you know, I'm having problems hearing and noise. So I make some gain adjustments in my all around automatic program. If I had auto relate to yes. In my preferences it would take the the gain of my all around program and change my music program to match the gain of the all around.

So that would kind of erase everything I did for that particular music program. Or say someone has an outdoor program and you've tuned this to adjust for their needs. You do? Yes. For auto relate it would change the gain in those kinds of specialized programs to match the all around program.

So that's kind of the drawback there. And it's. And it's very much what you're used to. So if you're used to that happening with with other manufacturers, you may want to turn that on just however you want to customize the software.

Okay. Would you please display each of the screens for audiogram counsel.

Sorry, I had to go back a long ways. So there we go. Here is hearing loss simulator. And so this is playing sound files and then audiogram counseling.

That would be audiogram counseling. So audiogram counseling is more of a visual representation of where this of the hearing loss.

So hearing loss simulator. Audio hearing. Audiogram counseling is visual. So I'll read the question again. Would you recommend more gain for better word scores or less gain for worse word score scores?

So I wouldn't tend to change gain based on word scores. And the entering word scores only changes directionality pattern. Well, if there aren't any more questions. These were all great questions, and thank you guys for spending your time with me today.