SoundBites Podcast Transcript
Episode: Sara Burdak, Au.D.

Dave Fabry: Welcome to Starkey Sound Bites. I'm your host Dave Fabry, Starkey's Chief Innovation Officer. Our guest today is Dr. Sara Burdak, Chief Audiology Officer and Executive Vice President of Marketing here at Starkey. I'm also pleased to announce that Sara was recently awarded a 2021 Silver Globee Award in the area of Excellence in Industry, Woman of the Year Manufacturing category. Now, that's a mouthful, but congratulations Sara.

Sara Burdak: Thank you. It's really fun and an honor to be here.

Dave Fabry: Well, and we're delighted and we really, really ... you're our first guest, you're our inaugural guest in this podcast. And I really think it's appropriate because of your experience as an audiologist in the hearing industry, we just came off of October, which was Audiology Awareness Month. And so what I'd like to begin with is really, what was the initial impetus for you to become an audiologist?

Sara Burdak: Well, and I love that question, because I think most audiologists have some kind of a story, and usually, it's because they have a personal experience either themselves, or with a family member who's had a hearing or balance problem, and I'm no different. I grew up with chronic ear infections and I ended up having then a perforation in my eardrum, and was part of a clinical trial, one of the very first clinical trials that they were using the paper patch, that they could really use as a way to do a skin graft so that your eardrum would have something to adhere to. And that's kind of a long way around to why I wanted to become an audiologist, but it was really because I spent a lot of time in the booth, having my hearing tested. I have a little bit of hearing loss because of that.

And then the funnest part about it is when I ended up in college, when I went to Michigan State, I took a class, it wasn't a traditional audiology class, it was actually public speaking, and it was in the Communication Sciences and Disorders program, and that led into my first audiology class. So a little bit of round about way to get to audiology, but I think it's helped because I love public speaking. It's helped get me into where I am today with education and training. But that's my audiology story.

Dave Fabry: That's way more interesting than my audiology story. Mine involves, I grew up wanting to be a veterinarian and I found my way into audiology through the chinchilla, when I was working in an experimental psychology lab at the University of Minnesota as an undergrad. But that may be the topic of a future podcast as we bring other guests on. But I like yours. Yours is more linear and it really prepared you well for the kind of work that you do today, so aptly representing Starkey, both publicly and then also in your dual role, really, both in the marketing and education and training and audiology group to represent us with the professional associations and to ensure that those products that we're working on really meet the benefit of those with hearing loss. So thank you for sharing that.

Sara Burdak: Yes. And I think that's so important for all of us, really, to be advocates in that space and keep pursuing all of the different paths. I mean, look at your path in audiology. And I think of where I ended up when, in general, in school, you often only hear about these clinical opportunities and there's so much more to that. That's what I get excited about.

Dave Fabry: Absolutely. I like to say I traveled the world on my ears and I've never taken that for granted for one minute. Let's talk about hearing loss and speaking of the world. I mean, today, it's estimated by the World Health Organization, that there are 466 million individuals around the world with what they consider to be a disabling amount of hearing loss. Talk a little bit about the impact of that. And we know that despite those 466 million people with an estimate of 900 million in the next 30 years, last year, I believe worldwide there were only 17 million hearing aids sold. So there's a big gap there between the need and what is currently being sold in terms of utilization of hearing aids.

Sara Burdak: Yes, I think that's an understatement. It's a huge gap. And it always surprises me when we live and breathe this and we know that hearing is a global health concern. And as you said, the statistics are amazing, but I also think it's just a growing population as we age, and we live in a noisy world. So some of the statistics that we've even seen around teenagers, having noise induced hearing loss is scary. And so it's not something that's going away. I think one of the biggest challenges that we see is it's often talked about as these are invisible health issues. You don't necessarily know that somebody has a hearing problem. You don't.

Dave Fabry: And yet it's the third most prevalent chronic health condition in the world today.

Sara Burdak: It is. It is. And I think that's shocking. So we have to be really big advocates about education and making sure people know where to go to get hearing health support services, and all of the things that can be done about it, because it is a real, real health concern.

Dave Fabry: Yes, I think you raised an important point and that is that lack of awareness. Also couples and we know there's a stigma for those of us who've been in this discipline, a stigma associated with hearing loss and use of hearing aids, but it often results in considerable delays from the point that a person might suspect that they have hearing loss, or maybe were told by a family member, a friend or colleague that they had a hearing loss into when they actually do something about it.

Sara Burdak: The delay is many, many years and a frustration for most of us in this profession. The statistics actually showed an improvement, where people wait 4.8 years until they actually see a hearing professional, but then they can wait as long as 10 years before actually taking action. The frustrating part to me, which you know, Dave, is the stigma associated with hearing aids, and people not realizing what the technology can do today, or they've had a friend or a family member have a bad experience with hearing aids many years ago and they think they're these big beige, ugly devices, that feedback all the time. So I think that's of concern as changing the way people perceive hearing technology. It's so much better than it's ever been.

But the other thing that you know, too, is the ability to compensate or make excuses for hearing loss really creates a bigger problem for the family members or people that are around that individual. So oftentimes, I always say, as audiologists, we have to be counselors as well, because it can create so many issues in the household if the TV's up way too loud, or the typical examples of, she's mumbling all the time, yet she's trying to talk to an individual with a hearing loss, and running the water in the kitchen sink. All of those things are really real. And then overall, as you said, there's lack of education and understanding just about the impact of not doing anything about a hearing problem can really impact overall quality of life.

Dave Fabry: Absolutely. Well, in fact, you raised that issue with awareness. The advocacy group, now known as Hearing Loss Association of America, formerly known as Self Help for Hard of Hearing SHHH. They used to have a bumper sticker that I loved, and they said, your hearing loss is more conspicuous than your hearing aids. We talk about the stigma, we talk about the impact of the family, which you just highlighted, and I think as

people that have been in this industry for decades, one of the things we've often hoped for is that there would be greater visibility for the importance of hearing and healthy hearing, and greater awareness of the consequences of hearing loss. What we've seen in the past decade, is beginning back with the President's Council leading up to the National Academies of Science, and then followed by President Trump signing into law, the creation of an over the counter bill.

Hopefully, we'll see that through accessibility and affordability, we'll see greater utilization of hearing aids than the roughly 1/3 of the population who have hearing loss today who use hearing aids. But I think it's an important reminder of the stigma, the role of stigma, as you said, that even in those countries around the world, since we're talking about hearing loss as a global issue, even in those countries that have a social benefit as part of their tax structure, less than half of the people with measurable hearing loss use hearing aids, even if they're provided at no additional cost outside their taxation system. For me and you, that's start of a startling statistic, but while affordability and accessibility are extremely important, we have to remember some of those issues, like you said, of stigma and family impact and just delaying 4.8 years, and then up to another seven years to 10 years before they actually try amplification. That's staggering.

Sara Burdak: It is staggering. And I have a couple of friends who are my age who would be considered on the younger side to have hearing aids, same thing. This feeling of, oh, I'm going to look old. And I've always loved the quote, there's cartoons on this too, all the time, what makes you look old is that you're not engaging in the conversation. And a lot of the research more recently says that hearing loss can actually mimic dementia, because you're not getting everything that you normally would as part of the conversation, and being able to understand exactly what's going on.

Dave Fabry: I've heard that so many times from family members who thought mom or dad was simply losing touch, if you will, getting old, all of those things that we assign to untreated hearing loss. And in many respects, once they identified that they had a peripheral hearing loss and they were fitted with hearing aids, suddenly they were reinvigorated, reengaged in life when they were fit with modern technology. And so I think that's a really important point that you bring up.

Sara Burdak: Yes, totally agree. And that's our job. I think there's a style and a solution for everybody. And that's what's so exciting. We always say, it's the best

time to be in this profession, because the technology changes as much as any other technology and continues to evolve and get better.

Dave Fabry: Couldn't agree more. Now, among your many hats, we talked about you as chief audiology officer, and then October, which we just completed, was Audiology Awareness Month. Now we're entering in November for the kickoff of this podcast. And certainly an important day in November is Veterans Day. And one of your other hats as you head up our government services division, we know that veterans and many active duty military are particularly impacted by hearing loss. And one of the issues is that in exchange for their service to the government, and thank you veterans who are listening here today for your service, but in many cases, they've suffered hearing loss as a consequence of that service to their country. Can you talk a little bit about the impact of that, in your role as heading up our government services division?

Sara Burdak: Yes, thanks. I love this work, by the way, and I think it gives me a totally unique and interesting perspective, and to the profession and the patients that were serving. And you're right. The number one and two service-related injuries are tinnitus and hearing loss, and that's predominantly because of noise exposure. So I have to always, always encourage because I will say not all of the veterans and their families know if they have the hearing benefit or not. So that's my first message all the time is to see if you have the hearing aid benefit through the VA. And what I love about this work and partnership with the VA is veterans do get the best levels of technology and service.

Dave Fabry: Yes, I want to stop you for a minute and show my OK Boomer moment for today is that when I first finished with my education and went to Walter Reed, it was often the case that veterans were not getting the latest technology. So I think a very important reminder, number one is, check to determine whether you're a candidate for the benefit, and then don't for a minute think that you're not getting the latest technology because as of right now, November 1st, the new contract update period begins and veterans are eligible to be fitted with our latest technology.

Sara Burdak: Yes, it's always the highest level. One of the things that's nice as well is you mentioned our latest technology is going to be in the contract November 1st. But it really is all inclusive. And so that means we have accessories that, again, make a huge difference, if somebody really is struggling with the TV. If they're in group meetings, there are accessories for that. There are things that can help significantly improve signal to noise and noisy environments and really focusing on a specific talker for

example that somebody wants to hear. And I think that's what's really extraordinary too with these individuals that have served our country. They get extraordinary service.

Dave Fabry: I think when we look at, what are the things that people with hearing loss are looking for from hearing aids? We know from the most recent MarketTrak survey data, which audiologists and dispensers will be familiar with, the four most significant factors that people expect out of hearing aids are sound quality, speech understanding in noise, preventing loudness discomfort for noisy sounds, and then also the ability to locate sounds in space that is not only tell when a sound is present, but where it's located from. And I think, one of the things during my career that's been significant is, dating back to the early '80s, about 80% of hearing aids were fitted in one year, 80% of patients were fitted in one year, and now we're seeing that any professional when they are first working with a patient, the expectation and understanding is that they're going to be fitted in both ears if they have residual hearing, and that's really what enables that spatial awareness. That is one of those top four expectations for benefit from hearing aids.

Sara Burdak: It is. And I think you just hit the nail on the head. Job one always has to be sound quality.

Dave Fabry: Always.

Sara Burdak: Always. And we know we've already mentioned that it can take many years for somebody to seek help. So you have to make it count. The experience that a professional provides really is everything. But they're coming to you to hear better. And of course, we know that if you hear better, you're going to live better and improve your quality of life, but that means we have to really focus on those essential areas that matter the most. And one of the things that I loved about what you said is the binaural, or ear to ear capability. And with our hearing aids, when you think about, and this is where I geek out a little bit because I love to talk about what we're doing with AI and machine learning, a lot of that is in the binaural processing, and making sure that we're doing real time analysis and calculations of the environment that the patient's in.

We've talked about this, Dave, where you can't possibly be with your patient all the time, and nor would you want to be. In the past, because we didn't have all of this functionality, you might have gone to the restaurant with a patient where they were struggling the most with. Now the technology is really doing all of that automatically. So when you fit

one of the devices, they're working binaurally together, they're going to be making 55 million automatic adjustments-

Dave Fabry: 55 million automatic adjustments.

Sara Burdak: ... every hour-

Dave Fabry: That's incredible.

Sara Burdak: ... for the patient. It is incredible. And so I think about what we've heard so often from a patient or a professional is they just want it easy. Well, that's what our technology is doing. It's making it easy, it's making it automatic so that you don't have to have all of these memories, and pushing buttons and finding all of these things. You can have that if you want it or your patient wants it, but you don't need it, and I think that's a critical differentiator between how we're using AI to just make it simple.

Dave Fabry: Yes. You talk about the use of AI and certainly we've been using machine learning and AI for some time with, as you mentioned. I mean, if the goal is automatic hearing so that, as you said, fundamentally, sound quality and speech intelligibility are job one, for many people, they simply want to put the devices in or on their ears and not have to interact with them. I mean, I'm a bit of a technophile, I like to engage with the app and with the devices, but many people want to just put them in and have them adapt to every environment. And we've been doing that for some time. Using machine learning to automatically monitor listening environment that a person is encountering engage directional microphones and noise management and some of the latest in the Evolv product, we've really upped our game even more with a noise management. Can you talk a little bit about that?

Sara Burdak: I can. So we have layers of noise management, and that's how I think of it, because it's channel specific in the hearing aid and we will apply whatever technology needs to be applied at that moment in time for the best performance for, again, you said, speech audibility and intelligibility is always job one, we want to preserve speech, but then also for overall comfort, which I think is critically important. So the layers that we use we have whether you need fast-acting noise management for things like transient sound, drop your keys on a tile floor and clap your hands, and also for areas that we have to be so fast, like with speech and noise, or speech and loud noise, because we want to be able to react, which I think is so cool, if it's so fast to react to the pauses in the between speech, so

that we can focus on the elements of meaning, the actual syllables and consonants of the word.

But then we, in addition to that, look at are there times we would want to have a slower acting noise management when noise machine noise because the transitions have to be seamless too. If you're making them seamless, then again, the individual wearing the device isn't going to feel like, wait a minute, I just went off the air for a second, or I have to grab my app and make an adjustment or go to a different memory. And then we have directionality as well, which is always going to be the best way to improve the signal-to-noise ratio. And in these areas, we've been able to make a big improvement, we've been able to add an additional two dB of noise reduction, to speech or noise and speech and loud noise, again, those most challenging situations, which gave us a 40% reduction in the noise energy compared to what we've had previously, which we just get better and better and better.

Dave Fabry: Yes. And so that goal then of really automated processing using artificial intelligence, machine learning to adapt and employ only those features necessary for a specific listening environment. That's the gold standard. That's the benchmark. What we've seen, and I think another really cool technology that I want to talk about a little bit is Edge Mode that we launched back in January of 2020, that puts the power of AI in the patient's fingertips by being able to double tap on the hearing instrument, or now activate within the app to really capture those challenging listening situations that automated processing can do. And what I mean by that is that even under the best of circumstances, the most sophisticated machine learning models that are monitoring the environment can't always be accurate. They're only about 80% accurate.

And the reason for that is speech, like we're doing right now, sometimes is a target of interest, you want to listen to me, but sometimes if I'm the loud guy in a restaurant at the table behind you, you don't want to hear me. And similarly, music can be a stimulus of interest if you go to a concert, but it can also be that annoying speaker overhead in an elevator when I'm trying to engage in a conversation that I want to suppress. So what we've done with Edge Mode is put the individual human in control to augment machine learning and AI to put the power of AI at their fingertips to make up for that 20% of the time when automated processing is confused. Can you talk a little bit about Edge Mode?

Sara Burdak: Yes, I can. And I know Dave, you've been as passionate about Edge Mode as I have been for those reasons, because we, again, just want to make

sure that we're accommodating any environment that the listener is in. And one of the cool things that we've been sharing is our recent data from our clinical trials, shows that individuals have a preference, so we created difficult situations. So one of them was a cafe, and we all know that's tough. If someone's talking, like you said, dishes clanking, someone might be behind you, you might be trying to lean into the conversation, and what we noticed is compared to a normal memory, when participants engaged with Edge Mode, it helped the signal to noise ratio as well as reduced listening effort, and that became much more pronounced when we had more severe to profound hearing losses.

And so what that means, again, is it is more automated, whereas before, you might have been setting up multiple memories creating again, I've had cheat sheets for patients before where I've had to say this memory was for a restaurant or this was the memory for your car. Now we're seeing with Edge Mode, once that's engaged, it creates, really, a setting for that snapshot in time, I always call it my Help Me mode, quick engage this and it's going to analyze the acoustics of that environment real time right then for the optimized clarity and comfort. And now we're proving through our data that the patients actually prefer it too.

Dave Fabry: And when we first launched Edge Mode in January of 2020, now it's been improved since we introduced it in Evolve, the latest product. But in 2020, in January prior to the pandemic, we talked about it primarily for use in challenging, noisy listening situations, but what we found was when people were not only wearing face masks, but encountering others wearing face masks with social distancing, at Edge Mode, for masks, proved to be, again, a machine learning and artificial intelligence enabled feature that optimized for social distancing, whether they were wearing a mask, the type of mask that they were using, and whether background noise was present. The only thing it can't replace yet, is the loss of lip reading cues. But we're working on that.

Sara Burdak: I think that is so spot on. And one of the things I hate to say, positives from a global pandemic. But one positive was for even individuals with normal hearing to realize how difficult it is to communicate when you can't hear. And I still experience that with both individuals wearing masks. Then, on top of that, they have the plexiglass between the mask. I mean, it created so many challenges that it did shed a light on what it means and the importance of hearing. And that helped us with all of the discussions that we've been having about hearing is essential. It absolutely is. And yes, Edge Mode initially was started because of that thought process around the challenges with masks, but what it's turned

in today is to a proven algorithm and a strategy that really hones in on the exact needs of the listener at that point in time.

Dave Fabry: Yes, it continues to evolve, pun intended, but ... You talk about this goal of automated processing for quiet and noisy environments, we talked about Edge Mode is really helping to provide that additional boost, that turbo charge, if you will, we talked about it as the acoustic equivalent of Ludicrous Mode from Tesla's automotive products. But then, you mentioned it in your opening remarks that there are times when hearing aids alone are not enough. And I think one area, both for veterans and for in our private pay customers, that we've had a significant development is through the use of accessories that can provide additional benefits for those individuals who have increased difficulty with classroom environments where there's a big talker listener distance, or in noisy environments. Can you talk a little bit about that, the advantage that we have through table mic or remote mic plus and the use of these 2.4 gigahertz remote accessories?

Sara Burdak: Yes. One of the things I will comment on with the release that we've been mentioning with Evolve AI was streamlining the platform. And I just want to make sure that I comment on the fact that it made it so that all of these accessories then are universal with the same product family, because I think that really helps when you're trying to choose a product or technology to work with. And-

Dave Fabry: And so you say product family, we launched with Evolv a CIC 2.4 gigahertz product all the way up to a power BTE with 80 dB again, 140 dB of output, and they're all compatible with all of those accessories.

Sara Burdak: Yes, thank you. I shouldn't assume everyone has seen the exciting information with this launch. But we heard from professionals loud and clear just to make that a simple process too. They wanted something to select for any patient that is in front of them. But because of that, it's also challenging to use the software and make sure you know it if you're working with other manufacturers. So when you work with Starkey to have it be easy, if you're trying Starkey for the first time, we want it to be easy and that means that you're able to choose the products that you need to for a patient. And one of those choices should absolutely be accessories because we know that with directional systems, theoretically, you can get six dB improvement, but you get so much more than that. I mean, we can see 13, in some instances 20 dB of improvement, which is remarkable.

Dave Fabry: Which is remarkable, when you talk about how many clear conversations that means for those people who are challenged, and it's not just for those with more significant losses-

Sara Burdak: It is not.

Dave Fabry: ... many people with less loss can have a lot of difficulty in noisy environments.

Sara Burdak: Well, there's no other way, Dave, to overcome really the challenges, even with normal hearing, of distance, and the noise and reverberation. There's no other way to do that other than really incorporating some level of an accessory.

Dave Fabry: Couldn't agree more. And I think one more point on that is that with the launch of the 2.4 gigahertz CIC, along with the rechargeable ITC, that we launched, that many practitioners had to make concessions in the past. When they were selecting those small form factors, they couldn't use directional microphones because you can't fit them on the faceplate, but the patient wants the cosmetic benefits, but often, the practitioner then had to concede that they weren't going to give those patients the benefit of outstanding performance in noise. Now, with the accessories, the 2.4 accessories with those small form factors, you can still get all the benefits in noisy or distant conversation while having the cosmetic benefits of that small form factor that were, I hate to say, uniquely qualified to provide. I mean, no one makes small custom devices better than Starkey does in our history.

Sara Burdak: Absolutely. No one makes the smallest of small custom devices like Starkey. And I agree. When you show patients if you have a CIC or a receiver in the canal, which we make amazing receiver in the canals and BTEs and the power plus BTE, but the vast majority of the time, a patient is even going to point to a custom device. And I certainly I have patients always column the no-seeums. Right?

Dave Fabry: Mm-hmm (affirmative).

Sara Burdak: They want something that's discreet that no one's going to know that they're wearing. And one of the fun things that we've been talking about with the 2.4 CIC is the fact that we've been able to engineer the antenna into the removal handles. So for years, I remember I was in grad school when I had the Tympanette training, which was the Starkey's first industry's first CIC, and thinking, oh, we used to joke around that that

was an antenna, and now it actually is. So when we're talking about connectivity, I think that's really a unique way that Starkey solved a connectivity issue by putting that antenna where it is so that you have more robust connectivity all around on that product.

Dave Fabry: And connect to more Apple, iPhone products, as well as a greater number of Android phones than any other incumbent player in our hearing aid industry. I want to talk a little bit about some of the innovations that took place and are taking place outside of what you put in or on the ear. I mean, I only have kiddingly say that telehealth has been an innovation hiding in plain sight for 25 years until we had the pandemic, and then people began to realize in the interest of keeping themselves and their patients safe during the pandemic, they finally recognized some of the benefits of telehealth, and I know that we've had quite a bit of improvement in terms of the usability of our telehealth solution. Do you want to talk briefly about that?

Sara Burdak: Yes, I completely agree with you. In fact, I know Dave, you've said telehealth isn't just for a pandemic. But I will say that in general, our profession has been a little slower to adopt telehealth and teleaudiology, and we just can't. We need to embrace it fully because it's an expectation, and right or wrong, we are now playing in the arena of convenience.

Dave Fabry: Absolutely. We have to focus on that user experience for both the professional and the end user.

Sara Burdak: We have to. And so we have been moving forward with really rounding out our suite of tools for telehealth and teleaudiology. So we call it TeleHear. And more recently, we've added in-situ audiometry, we've added the ability to be able to initialize the feedback canceller, and we've also been able to look at adding loudness verification and some of these tools that I would say are more a first fit tool, in addition to what we already had for remote programming.

Dave Fabry: Right. We always thought of telehealth really for fine tuning after the fitting, but now, in the event that the patient can’t come in even for an adjustment to, let's say, a good use case would be patient calls, and they're not hearing as well with their hearing instrument in the left ear, and you could do an in-situ to hearing test to see and verify, has there been a change in their hearing, or you could do the self check feature, the diagnostic tool to verify that all of the components of the hearing aid are working well. And these are all designed to be more effortless for the

patient, to not always have to come in and see the professional face to face. If it is something minor, something as simple as a wax guard that's been plugged, that they could save time and really make it more effortless for them, but then also knowing, and by no means is telehealth designed to replace that face to face care between the patient and the professional, that is the hallmark of, I think, patient delight.

Sara Burdak: I completely agree. And one of the things that we have to pay attention to and sometimes I say this, who really is the decision maker, or almost who really is the patient? And I recently experienced this with my mom, and I thought, I'm the one who needs the convenience for her, because of how difficult it was to get her into an appointment, physically get her to an appointment. And that's why I strongly think we need to look at it differently, because sometimes these are helping the family member or the caregiver more than the patient because they don't have to get the individual into the practice that can be quite cumbersome. And then our data is really showing some unique things as well, that just over 37% of the participants stated that if they would have had remote programming sooner, that they would have been encouraged to take action and get help for their hearing problem.

Dave Fabry: I think that's a really important statistic that a third of them, more than a third of them, would have started sooner had they known that that was available. And I think it's something lost in many cases on the professional. We've been reticent to use telehealth, because we think that somehow that isn't a substitute for that patient engagement. And I want to be very clear. First and foremost, we remain committed that our technology in the professional's hands to exceed the patient's expectations will deliver the best outcomes. But we have to stop living in an old movie of thinking that the only way we can engage with those patients is face to face. I, as somebody that's been a patient for other disciplines in health care, if I know that I can get to my provider when I need him or her to see me face to face, I will as well, for convenience sake, get those telehealth sessions for minor things, minor questions that might have. And I think we as professionals need to recognize that it's an important tool in our toolkit to use telehealth, not only for our convenience, but for patient benefits. And I think maybe now we'll see that it's not just for pandemics anymore.

Sara Burdak: I certainly hope so. And I think that's one of the messages and I would encourage everybody to figure out how you can implement this into your practice. There are so many models and ways to do it, because the time is here. We have to embrace it.

Dave Fabry: Absolutely. Well, I could go on all day about the technology and I would encourage you to go to starkey.com if you are interested in looking at Evolv or any of our other products to see what features they have. But what I do want to do is now ask you to shift to yet another hat that you wear. Your head is going to get huge with all the hats that you have here. But another commitment that you have is over our student program and our commitment to the next generation of professionals, audiologists, and hearing instrument specialist. You want to talk a little bit about how it is that we're acting to support future clinicians, researchers, leaders, and innovators in our discipline?

Sara Burdak: Yes, absolutely. I've been passionate for years and years and supported Starkey University, and general education. And I think part of that was simply because of the lack of awareness that I had after graduate school and all the possibilities in this profession, and what that means. And so I think that's part of it, is just never stop learning about what opportunities there are, whether it is clinically or in manufacturing or in humanitarian audiology, and also be really, really, really good at what you do. I am starting to see that there's a little bit of a lost art in audiology and in the profession in general, and some-

Dave Fabry: Expand on that a little bit. What do you mean by the lost art?

Sara Burdak: Yes, I mean, I think so many times it's fitting a RIC without thinking about ways to customize it, or really understanding the fitting parameters or engaging or talking to the patient and truly understanding the uniqueness of their needs or their lifestyles. And that's how we are going to be successful as a profession, it's the human experiences. At Starkey, we talk about the fact that we're wanting to serve our customers better than anyone else, but we need to be showing students and the future of the profession in our current customers, truly what it means to serve their patients better than anybody else.

Dave Fabry: Yes, I mean, we can't, on the one hand, talk about our concerns over being disrupted by over-the-counter hearing aids or other disruptors, whatever that may be in your community, while then always thinking about fitting, and I love receiver in the canal device, don't get me wrong, but with a dome tip. And we talked about the fact that our history, dating back to the founding of Starkey by Mr. Austin, has been predicated on the success and innovation in the custom area. But I like to say, come for the custom, stick around for the features that we talked about knowing full well that there is plenty of acoustic customization based on your relationship with the patient if you're a fitting professional, but also

keeping in mind not only custom hearing instruments, but custom form factors, instead of those dome tips, because you can't commoditize caring, you can't commoditize that relationship that you have with the patient. And I think you've highlighted so well, the commitment that we have both to students and younger professionals, as well as those who've been around as long as I have, to ensuring that they're exceeding patient expectations through the implementation of our technology with caring.

Sara Burdak: Yes, some of the basics, Dave, we have to be able to take good impressions, we have to be able to make really good adjustments, and we have to really understand the needs of the patient, to really make that difference. And it is caring technology. That's about everything that we're doing.

Dave Fabry: Absolutely. Well, I knew that time would fly by on this and we're already at the end of our time. But I don't want to conclude without asking you for one more thing and that is, what key learnings have you gained during your career and during your career at Starkey that you'd like to share with students or fellow audiologists, or people with hearing loss? Are there any insights that you'd like to leave as closing comments today?

Sara Burdak: Part of my whole background and everything, and I think the reason I've been successful is because at my core, I love education and training. So that means that I dig in and I'm always learning. So I think that inquisitive nature in people helps you be successful and just wanting to know more. And that's been in so many areas. And I've loved the path of this career for me, because I've been able to work with people in research and development. I've been able to work with organizations on how to educate and create awareness around hearing loss and I think that's the biggest thing people can do is really just never give up on learning. And the second part of that, then, and Dave, I think you've been in peer reviews and different things that we do here at Starkey, but is to be open to feedback and accept it. And that's hard-

Dave Fabry: It is hard. It is hard.

Sara Burdak: ... to do for most people, but I think it's a really, really important skill to be able to grow from.

Dave Fabry: Absolutely. And it's a pleasure working with you on a daily basis and I really appreciate you sharing your time with us today. And I thank you for your commitment to the profession, the discipline to Starkey, and most importantly, to patients, to people with hearing loss. What you're doing is

really making a tremendous impact on the stigma and on helping to raise awareness for the importance of healthy hearing, even with hearing loss and with the technologies that are available for those with hearing loss today. So I can't tell you how much I appreciate your participating in this inaugural podcast.

Sara Burdak: Well, thank you. It's been fantastic and it did fly by.

Dave Fabry: To our listeners, thank you for listening to this episode of Starkey Sound Bites. And if you enjoyed this conversation, please rate and review us on your preferred podcast platform. You can also hit subscribe so that you're sure not to miss a single episode. See and hear you next time.