



SoundBites Podcast Transcript

Episode: Innovation Unleashed: AI Breakthroughs and CIC Tech Lead the March for Audiology Excellence

Dr. Dave Fabry: Welcome to Starkey Sound Bites. I'm your host, Dave Fabry, Starkey's Chief Hearing Health Officer. Now, I'm going to borrow a phrase from a good friend of mine who says, "This is a clappable moment." And Dr. Sara Burdak, that's her phrase.

Dr. Sara Burdak: Thank you.

Dr. Dave Fabry: I would also a quote from the philosopher Marshall Mathers, "Guess who's back, back again?" And Sara, it's such a pleasure to have you back on the podcast because Dr. Burdak is not only Chief Audiology Officer for Starkey, but she's also the Executive Vice President of Product Strategy. So, welcome back.

Dr. Sara Burdak: Yes, thank you. It's nice to be back. And I loved that we were talking about my neck of the woods.

Dr. Dave Fabry: Indeed.

Dr. Sara Burdak: And where I went to school for my master's program-

Dr. Dave Fabry: 313.

Dr. Sara Burdak: ...was in the Detroit area, so I thought about that too, saying, "Guess who's back? Sara's back."

Dr. Dave Fabry: Well, it's always a pleasure. You're one of our most frequent guests. Fourth time, when you come back the next time, just like Saturday Night Live, we're going to have to prepare the five-timer jacket, and it's always one of our most popular.

Dr. Sara Burdak: I hope that's legit. I'm waiting for this jacket.

Dr. Dave Fabry: All right. Now I'm going to have to go shopping at TJ Maxx-

Dr. Sara Burdak: Yeah, you might have to think about that one.

Dr. Dave Fabry: Yes. Well, here at Starkey, we've recently released some new features and updates that we've been excited to share. And you've already been doing this actively for the past month, but joining us today to dive into these details is Dr. Burdak. There's no one better to talk about this with your dual threat from being Chief Audiology Officer and the EVP of product strategy. So Sara, let's dive



in and talk about the past year. Really, it's been a whirlwind. Around here we say no rest for the best. So you're at the epicenter of that.

Dr. Sara Burdak: So true. I think that the past year has been phenomenal and partially just because we have seen such extraordinary testimonials from people that have been using the product, and that means we got it right the first time. And the reason that we did that, as you've heard me talk about this, is we really, really took input and developed this product over the past few years with professionals, but more importantly with patients in mind. And because of that, everyone has noticed and people will say all the time, "Well, what's the difference?"

You know as well as I do, it's really hard to define what the difference is for each individual, but everyone has some commentary on its transparent, the clarity. It sounds totally natural. And one of the fittings that I loved and I thought this was the best explanation to date. As the gentleman said, it reminds me of if you have a glass with his previous technology had a glass, and he said it was cloudy water in it. You couldn't really see through it. It wasn't crystal clear. And with the Genesis AI technology, it's a crystal clear glass of water. And we hear that over and over again and it's remarkable at how many emails we get. The sales team gets input from professionals. We have patients calling in telling us how much this technology's impacted their lives.

Dr. Dave Fabry: Absolutely. For all of life's most important sounds, I mean the focus is always first and foremost on speech in quiet and in noise. But as you said, it's really bringing in all of the dynamics across the frequency bandwidth and the intensity range. And I think that's what really captures lightning in a bottle with Genesis when we launched it. But we didn't stop there, right?

Dr. Sara Burdak: We didn't. We didn't.

Dr. Dave Fabry: So in August, we made some important updates to, as you said, I mean with last year, roughly a year ago, we started with all new everything, new form factors, new software, new app. How crazy is that? New chipset. Virtually everything. And as you said, we got it right, right out of the gate, but then we didn't stop there. So talk about some of the improvements that we made last August or so.

Dr. Sara Burdak: I think you know how passionate I am about having an option for every single patient that is in front of our professional and I think that's been really clear. Whether you have somebody that needs a power solution, we have it. If you're managing tinnitus, we have it. If you have a single-sided hearing loss, we have our CROS and by BiCROS options. And we have been asked quite a bit to have a zinc-air option. And I know some people are surprised by that. Professionals listening to this will say, "No, of course, we get that all of the time." And that's what I think is so great that we've added zinc air options as well. And it's for a variety of reasons. I have people and so do you that you've talked to that, that's what they know, that's their experience. And regardless of how we say we have



51 hours of battery life and are rechargeable, and rechargeable is making up more and more of the hearing aid sales today, there are those people that are still a little scared of it.

Dr. Dave Fabry: They suffer range anxiety-

Dr. Sara Burdak: They do. They do.

Dr. Dave Fabry: ...and they worry that they're going to... Especially those I think of the people that want small cosmetically appealing devices but are worried that they're going to run out of battery at the end of the day. And I understand that if you rely on it and they don't want to be without it, but the 51 hours helps take a lot of that range anxiety away but it's still-

Dr. Sara Burdak: It does. It does. However, there's still individuals who really want to be able to replace the battery, they feel more secure with that. And I do feel like sometimes it's dependent on their lifestyle.

Dr. Dave Fabry: For sure.

Dr. Sara Burdak: And so that was a big win. We have people that tell me, "Oh, I'm out camping for days. I'm in boundary waters or something, and I would just feel better if I can replace the battery." So there's all sorts of options for people, and that's really what we're trying to get at.

Dr. Dave Fabry: Yeah. And really keeping all patients in mind, as you said. I mean the beautiful thing about the RIC RT is that 51 hours of battery life for a CROS or BiCROS situation again means that they can wear them with confidence that they're going to last all day every day, both now and three to five years in the future. And that's a solution really that doesn't get a lot of use cases, but when you run into a patient who needs that, like you said, we want to have that available for them. The same with zinc air, even though there has been a very rapid transformation from replaceable to rechargeable batteries.

Dr. Sara Burdak: Yeah, absolutely. And I think that's critically important because we want to be really the end all be for all of our professionals to be able to choose what they want to choose and have a great experience for their patients.

Dr. Dave Fabry: A hundred percent. And really then that reaction from customers and from patients alike continues to be very positive. As we went through the summer last year and then came into the spring now this year we've had again, no rest for the best. We continue to adapt and improve the product and talk about some of those very latest updates. And I know this is where we plan to spend the majority of the time because there's a lot of improvements that just happened with this latest release.



- Dr. Sara Burdak: There are a lot of improvements and I want to just have a little bit of a shout-out if I can-
- Dr. Dave Fabry: Of course.
- Dr. Sara Burdak: ...because I really, in my role as the EVP of product strategy was put in that position because you mentioned this a little bit, that I can bridge the gap between almost all of the elements of R&D, operations, manufacturing, and then to professionals and then ultimately patient care because I've done it. And most of our product management team has also done it as well. They're audiologists. They have worked clinically, they have worked in the VA for example. They are PhDs and psychoacoustics, so they know what it takes to provide exceptional patient care. And so that's really fun to see then how we're listening, how they're going into offices, how they're working with our customers to see what do they want, are there areas that they'd like us to tweak or can we make some improvements? I think we've really seen that this release has accomplished that.
- Dr. Dave Fabry: Indeed. And so talk about from a high level and then we can dig in a little bit on some of what you see as the most significant features of the latest products.
- Dr. Sara Burdak: I know that's so hard-
- Dr. Dave Fabry: It's so hard to name one or two. Yeah, because it's a full cupboard but-
- Dr. Sara Burdak: It is full. And I laugh at that because you know at my core I am probably the most passionate about education and training and I'm told often to take the trainer out of me and just what are the highlights. That's why when you say what are the one or two things, I think there's so many-
- Dr. Dave Fabry: There's so many.
- Dr. Sara Burdak: This podcast could go on for hours. You already mentioned Dave, that really, our job one has always been sound quality and one of the biggest advancements in AI and DNN that we've had probably certainly at Starkey, but likely the industry has been what we've been doing with Edge Mode.
- Dr. Dave Fabry: Absolutely.
- Dr. Sara Burdak: And Edge Mode has evolved into Edge Mode+. And now professionals have said all along, "Well, if this is using AI, then why isn't it just adaptive and automatic and on all the time?" And I'm really thrilled to say, well, now with this release, it is.
- Dr. Dave Fabry: Exactly.

Dr. Sara Burdak: So it is automatic, which means that it's going to be dynamic and actively engaging all of the time. And the nice thing is our statistics show that 80% of individuals that have used the automatic Edge Mode+ have had benefit in all of their life moments because it can pick and choose between better hearing or is it more comfort. What's the focus or is it noise? So that to me is really exciting.

Dr. Dave Fabry: Yeah. So let's unpack that a little bit more. So when you talked about originally Edge Mode was just at the time they double tapped or then later pressed the button in the app and Edge Mode would optimize to that situation. Then as you said, Edge Mode+ allowed them to still use that best sound, but also then to enhance clarity or make those noisy situations more comfortable. But then as you said, there's been a constant refrain in drumbeat people saying, "If it's so great, make it on all the time if you want it." Because in the past with both of those derivations of Edge Mode, they had to tap out to go back into personal or one of the specialty programs.

What I can say is the patients that I've worked with, once they understand Edge Mode and how and where to use it in quiet and noisy environments, they were very adept at tapping in and remembering that. But for those patients who are sort of experimenting with it, the most frequent concern would be when they come out of that critical listening environment into another dynamic environment, it wasn't optimized again until they did another acoustic snapshot. Now that all can perform automatically and optimized to those challenging listening environments on the fly and I think that's impressive.

Dr. Sara Burdak: I think it's impressive and one of the things that we really look at from a patient acceptance and usability is generally the best option is if they don't have to interact with a hearing aid in any way. And you've seen our data that shows that Edge Mode is replacing the need for multiple memories. It is meaning that it just works. It's doing all the automatic calculations. And I think that's important because again, you do have individuals still with a stigma, which drives me crazy. And that's something that we're trying to always improve. But there are individuals that don't want to be tapping or making adjustments to they're hearing and [inaudible 00:13:19]-

Dr. Dave Fabry: ...pulling their phone out, et cetera, yes.

Dr. Sara Burdak: ...and doing that. So I think it's important. But one of the things that I also think is important is this still is optional and customizable. And we have seen, this gets back into a little bit with people who still desire zinc air, depending on what people have been wearing previously, there are times or instances or circumstances where an individual might not want Edge Mode on. I can't quite understand why. So what I think might happen in some cases is maybe they're fit and then as they're comfortable, then it's turned on and they'll see the benefit. So I love that the professional has the option to choose and decide with the patient on the best path.



Dr. Dave Fabry: Absolutely. And even within the same patient, sometimes they may want to be in more control, other times automatic and so-

Dr. Sara Burdak: We've all had that.

Dr. Dave Fabry: Yeah. And so I think as you said, it's our priority one is always to focus on outstanding sound quality and speech intelligibility in all environments. One of the things I remember back in 2020 when we first started talking about Edge Mode was I presented it as a solution for noisy environments, but just as often I've had patients that tell me when we went through the pandemic, I hate even going back to that time, but when people were wearing face masks or people that just talk with covering their mouth, it sharpens it up. And so it helps in quiet and noisy environments. It's really applicable to all those life's important moment.

Dr. Sara Burdak: It is. And I love that you said that because, in so many environments, they still have the plexiglass up.

Dr. Dave Fabry: Yeah. Still.

Dr. Sara Burdak: Which is challenging.

Dr. Dave Fabry: And it's challenging when you add a hearing loss on top of that.

Dr. Sara Burdak: 100%. Even if you aren't wearing a mask, it's still muffled.

Dr. Dave Fabry: Yes. And I have people, like the example you gave, it goes from cloudy to clear, and even within the automatic mode, the personal program as we call it now versus when Edge Mode and now Edge Mode automatic is applied. So I can't wait to start hearing more and more feedback from practitioners and especially patients as they experience this new generation of Edge Mode.

Dr. Sara Burdak: Oh yeah, it's a lot of fun and it's only going to get better and better.

Dr. Dave Fabry: Yeah. But wait, there's more. So what else-

Dr. Sara Burdak: There's a lot more-

Dr. Dave Fabry: ...and there's a lot more.

Dr. Sara Burdak: Here we've only covered one thing. We might not get to everything in the podcast, but we're also evolving what we're doing in the health space and I think that's so important too because it is all connected. We say hearing care is brain care and we want to make sure that we're thinking holistically about it. So we've made changes to even how we're engaging with our motion-based sensor technology-



Dr. Dave Fabry: This is really cool.

Dr. Sara Burdak: It is really cool. So that we can detect small motions, I'll say, but that would mean we're going to now detect an environment or situation or motion from the patient that where we could put the device into directional, for example. And we can make really smart choices. So again, they're not having to switch to a memory or make a change. They don't have to do anything. The hearing aid's going to automatically know that they can hear better in a situation if they make those adjustments to the settings.

Dr. Dave Fabry: Right. By using both the acoustic sensors, the microphones, but also the motion, the IMU sensors that we've employed longer than anyone else in our industry.

Dr. Sara Burdak: Oh, gosh. Yes. I mean that's been several years now. We're really experts in designing around the IMU, the accelerometers, all of the things that we have in our technology to, again, what I love is just make sure everybody's hearing better, living better in every single situation they're in.

Dr. Dave Fabry: And it's such a subtle difference, but we know that among the top four drivers of expectations that new hearing aid users have, number four is that localization and spatial awareness. And this is a feature that directly applies to that so that they can feel confident when they're in a situation that the adjustments are taking place on the basis of acoustic and IMU input to keep it in omnidirectional when they're having a conversation so that they still have spatial awareness, which can be convenient for some, can be life-changing for others. If you have low vision, you need to know where localization and you need that spatial awareness to survive.

Dr. Sara Burdak: Well, and I think everybody needs that to survive and we talk about this as what's the 4D sound?

Dr. Dave Fabry: Yeah. Yeah. 4D. Brandon talks about that all the time.

Dr. Sara Burdak: Probably needs to be 5D, what's next? But the bottom line is, and I liked what you said, is that it's just easy. The expectation on all technology and people will say, "How are you using AI or define AI or define DNN?" And to me, it means the systems just work again. And they're very easy because if we haven't done that, then we haven't done our job well because of everything that you're talking about. And when we said hearing care is brain care with all of the comorbidities and things that we're up against, there are areas of loss in visual acuity, loss of dexterity. We have aging populations that are increasing the incidence of arthritis.

Dr. Dave Fabry: You're looking at one. Yeah.



- Dr. Sara Burdak: But we have to nail that and ease of use is just as much a sound quality as job one I think ease of use is there.
- Dr. Dave Fabry: Could not agree more. And with that, let's transition into some of the connectivity updates because there's significant ones there as well.
- Dr. Sara Burdak: Well, there's a couple that I am really excited about. Probably my top, I could go into this for quite some time, but I know that we had previously asynchronous remote programming and then we went to synchronous and we just brought asynchronous back. So that's really nice because I think as we're seeing more professionals embrace this, we heard again, loud and clear that they wanted the flexibility of being able to do adjustments anytime. And the nice thing is anywhere now because this is connected to our TeleHear portal, that's how this is deployed. So you have a unique way then to make sure that you're connecting with your patients. And this could be on an iPad off your computer. Someone was saying off your Mac, and I'm a Mac user-
- Dr. Dave Fabry: Me too. Yeah.
- Dr. Sara Burdak: I'm like, yes, actually off your Mac. So I think that is really a nice add as well. And then there's a couple things even with what we're doing from the professional perspective with our synchronous programming, because people have said too, overall with any type of remote programming, we've required the security piece of it where you have a code and now we're doing something called direct link. And the direct linking means that we can send a link to a patient and it auto-connects. They don't have to get the code, remember the code. So this gets back into just really making it a whole lot easier to engage and stay connected to your patient.
- Dr. Dave Fabry: Yeah, I know that's a really welcome feature for many of those patients and even the providers. And I've been a huge fan of TeleHear for... I use it as much as anyone does internally here. I use it-
- Dr. Sara Burdak: I bet.
- Dr. Dave Fabry: There's not a day that goes by that I don't have some interaction with one of the people I'm working with who are traveling. And I use the synchronous and I love it. And I love it because I can use it for counseling or programming, but not everyone is in a position all the time where they have a good connection, either a good cell connection or a good wifi connection. We can program with TeleHear on both. But that asynchronous really provides that solution for anytime, anywhere, like you said. And it really for those clinicians that embrace it and use it effectively, they can make the adjustments when they have a last-minute cancellation for a patient when they have set aside time and they can power through a bunch of adjustments. With synchronous if the patient's late or you go along with the previous patient, it's not saving time clinically, you're still delayed. Asynchronous still is a very powerful tool in the tool belt for those



people who embrace that asynchronous versus synchronous programming. And I'm glad to see it back.

Dr. Sara Burdak: I am too. And I want to chime in on something that you said, because you said for those professionals who use this, and I really hope that this has a spike or an uptick in professionals that are using it because we have still seen that it was heavily used. And I know you've mentioned pandemic, and then there was a decline. And I realized that that was because people were also so hungry for patient-

Dr. Dave Fabry: Interaction.

Dr. Sara Burdak: ...interaction and contact. And people in some places were like, we can get out of the house and I can go see my provider. However, I think the value-added, and I could get into so many things with the caregiver space and all of this, is I really would like to see all of our providers embracing this.

Dr. Dave Fabry: Preach. Yeah. I've been talking about TeleHear for more than 30 years, believe it or not. And it's hard to believe that that much time has passed, but I've never understood why more people don't recognize it's not for everyone, and it's not for all the time. But boy, in a pinch when you've got someone who's traveling, and to me, I always consider it an honor if they're making a request because it means they value my expertise and their hearing aid's in the moment where they're having difficulty enough to reach out to me and say, "Can we do something about it?" And so I agree a hundred percent with you, and now we have both a synchronous and again, an asynchronous solution. I'm really glad to the team that they were able to bring it back and improve it.

Dr. Sara Burdak: Yeah. And another area that you were talking about connectivity, and I think we hear so often, how do we certainly keep professionals connected to their patients? And you said you want them to feel comfortable reaching out to you, and if they need an adjustment, you're their provider. But we've also been asked to provide more for the patients themselves. And one of the things that patients have asked for, but professionals too, is a little more adjustability in the connectivity space within the My Starkey App. And I know when I've talked to product management and the ones who are in app development, they said, this is probably their most exciting feature is this equalizer. And I think from a streaming sound quality, there's now an equalizer that really allows the patient to be adjusting the base, the middle, and then their high frequencies or treble sounds. And that's so nice too because we talk about sound quality, but we want the good sound quality in every single way, whether that's input acoustically or the streamed input to the device.

Dr. Dave Fabry: Absolutely. And you bring up music, for example.

Dr. Sara Burdak: Oh, gosh.

Dr. Dave Fabry: And I remember back when we first started really thinking about music, and I remember classes where we would play three samples. One that had bass emphasis, one that emphasized the mid-range and one's the highs. And about a third of the people in the class chose each one of those. And it was a third, a third, a third each saying. And we said, "Which one sounds the best?" And a third of the people were adamant that that was the only one that sounded the best, but they were equally divided in almost every class I can remember us doing. So I mean, it's so personal, even within that context and that ability to use that equalizer without delay and with an easy user interface for both streaming and ambient sounds is terrific.

Dr. Sara Burdak: The app updates, again, are pretty extraordinary from using patients in our clinical trials and making sure that they were getting it right. And I think it's funny sometimes because you hear this, the professionals might say, "Oh, the app does this." It's not designed for them. Ultimately, it's designed for the patient.

Dr. Dave Fabry: A hundred percent. Yeah. And Brandon says this all the time, and he was really the first one to get me thinking about it that in the old days, the patient was really interfacing with the technology through the hardware. Now the app is often as significant or more significant a way for them to really unleash all of those features and we have to focus on the user interface. I'm so glad that you're talking about the user experience, user interface within the context of this development because it's not just hardware anymore.

Dr. Sara Burdak: No. No. Who is it designed for?

Dr. Dave Fabry: Yeah. Yeah. Well, I kind of feel like we buried the lead on another introduction, if you will, and reintroduction. We've been talking about replaceable, rechargeable batteries. We've been talking about providing solutions for every hearing loss, every patient interest. So what else you got in new things to announce?

Dr. Sara Burdak: I know, again, these are all... You could tell how excited I get to talk about all of this, anything new, but we have our new signature series, and that is our line of... We have an IIC two CICs, but we have the world's smallest rechargeable CIC.

Dr. Dave Fabry: Yeah, phenomenal.

Dr. Sara Burdak: It's phenomenal. And some of these things I always tell people I have the worst ear. I have a 90-degree bent, a collapsed canal, and these are so elegant and nice. We are the masters in this domain, and they fit my ear [inaudible 00:28:40]-

Dr. Dave Fabry: That's terrific. I've seen them in your ears, and they look great.



- Dr. Sara Burdak: They're really great. So I think that's going to be something that we have been asked for again, as far as being able to provide solutions. But what's really nice as well, on both of the CIC models, they are non-wireless, however, we do have an implementation of Edge Mode. And now this isn't the automatic Edge Mode that we were talking about because they're non-wireless however, they can be engaged again from the devices with a push button and that is revolutionary.
- Dr. Dave Fabry: Absolutely. Because it gives that non-wireless product, the ability to customize, optimize to specific situations.
- Dr. Sara Burdak: Yeah. It's truly another innovation, and we just keep getting better and better in this custom space.
- Dr. Dave Fabry: And for those products, no cables to program them either. Right?
- Dr. Sara Burdak: Right. Yes. Yes. Thank you.
- Dr. Dave Fabry: Even though it's a non-wireless product for streaming purposes, it can be... They are programmed without cables.
- Dr. Sara Burdak: Yes. Yes. Thank you. I was wrapped up in everything else in all the excitement. I forgot to mention that, but I think that's a big one too.
- Dr. Dave Fabry: Yeah. For sure. But now we've talked about the fact that, again, going back to the pandemic briefly, that people all of a sudden patients started remembering and recognizing, especially those who'd worn custom products before that they didn't want to fling their RICs around the room. And we've seen that settle back in, but I think as much it's been on the part of the clinician in many cases, they have to learn or relearn how to make ear mold impressions again.
- Dr. Sara Burdak: Oh, gosh.
- Dr. Dave Fabry: So let's talk a little bit about that in some of the remaining time. I know we could go on with this much longer, but talk about the need for, I say garbage in, garbage out with impressions.
- Dr. Sara Burdak: Yeah. Yeah. We need help on the professional side and certainly from the student side as well, because we want to be a good partner and we're committed to making the small... With signature series, we are committed to making the smallest devices that fit comfortably that can be worn all day every day and we've been seeing a decline. And this isn't anything new. For years, we've been seeing a decline in the impressions that we're receiving to do this-
- Dr. Dave Fabry: And the quality of them.

- Dr. Sara Burdak: The quality of the impressions. And then often we're told by the professionals when we reach out, "Oh, just build it up, fill it in, do it anyway. Lengthen the canal, do your best, try it." Or we'll ask for a new impression. And no, I'm not going to send in a new impression. And so I always say one of my quotes is, slow down, we're in a hurry. And I would rather have a professional, take two impressions, slow down, get it right because then we can get it right.
- Dr. Dave Fabry: For sure.
- Dr. Sara Burdak: When I look at the percentage of incoming impressions that we would grade borderline usable, the usable ones are 80%, so it's pretty good.
- Dr. Dave Fabry: That's good.
- Dr. Sara Burdak: 20% though are not. And-
- Dr. Dave Fabry: Which leads to poor retention, discomfort. If we're filling in for voids that we don't know, we don't have the patient, the benefit of the ear, we will never say your impressions are too deep unless they have ossicles hanging on the end of them. But I mean, really it's retention, it's comfort, feedback. All with those 20% if the impressions aren't starting us out with a solid foundation, we're really trying to do the impossible, which we will do and we will do that better than anyone, but let's start by getting people to think, let's work on that 20%.
- Dr. Sara Burdak: Yeah. Yeah. Because it also impacts cosmetics. When we're told to build it anyway, the chances are it will be taller, it won't look as nice in the ear. And I think about the thousands of custom products we do. We are the best, as you know. What that 20% translates to just in the US it's thousands of people who may not have the best fitting devices that they could.
- Dr. Dave Fabry: Absolutely.
- Dr. Sara Burdak: So again, to be a good partner, we need good impressions. This is an area of focus for students as well. I'm so thrilled because we have Starkey University, our workshop coming back-
- Dr. Dave Fabry: Clappable moment again.
- Dr. Sara Burdak: I know that is a clappable moment this summer and invites are going out pretty soon here. But that is one of the areas that we're focusing on is impressions mods, because we are seeing, you know I call it this lost art in audiology because so often people are getting their experiences as students with RICs and an earbud, and they're not thinking about the customization overall, even on how to customize RIC. So we can do so much again-



- Dr. Dave Fabry: I wear custom AP, we used to call them absolute power, but it's now all-purpose. Custom with a big vent.
- Dr. Sara Burdak: I love that.
- Dr. Dave Fabry: And when you have a patient fitted with a RIC where they say, "Ut scratches my ear, it's uncomfortable, it works its way out." The best solution is to make an impression, make a custom AP mold even with a 4D or even with a low M, and certainly the H power and alter power that we can do it again with every... And you need that powerful tool in your toolkit that differentiates you in the market because you're not just hanging RICs with dome tips. We think we've got great offerings in that area, but always thinking about the customization, personalization, flexing all of your muscles to show your expertise to your patient, to deliver solutions that will benefit them in every environment where they want to wear their devices.
- Dr. Sara Burdak: Yeah, that's absolutely what everybody should be doing. And so I think if you want to order the world's smallest rechargeable CIC, then send us one of the world's best impressions. How about that?
- Dr. Dave Fabry: I love it. I love the challenge. And so stay tuned then for the students who might be listening to this podcast, invites will be going out, and that will take place this summer. March is a big month. You just came back from JD Vac and you probably ran into maybe some students who were interning at the VA there, but the importance of the VA, you talked about tinnitus already. Hearing loss and tinnitus are the two still most frequent cited issues for combat veterans and military veterans. Talk a little bit about JDVAC and some of the interactions you have.
- Dr. Sara Burdak: Yeah, it's really such a unique meeting because JDVAC, a lot of people don't even know what that means. Around here we're like, "Who's going to this JDVAC?" But it's the joint defense and audiology meeting. And I think that's what's so unique about it is it's really the only meeting of its kind that's combined with both of those organizations. So the focus really fits into everything that we're doing and that we focus on because it's also about prevention. So it's not just the treatment and rehabilitation, but it's prevention and conservation as well, which I think is really fun. So we are able to go there and showcase again, our breadth of products and our hearing aids, but as you know, also in what we're doing in the sound gear space and the prevention space. And I think that's just a unique opportunity for us-
- Dr. Dave Fabry: The perfect opportunity at JDVAC to showcase that we're focused on prevention and treatment.
- Dr. Sara Burdak: Yes. Yes. And you mentioned we have with this recent release also made some really, really nice enhancements to our Multiflex Tinnitus feature. And that's something that we're always excited to share. And we had some presentations



on that as well at JDVAC and with veterans, we talk about the fact that they have more silent injuries, there are more comorbidities, and PTSD. There are just different things that maybe we don't always think about in the other spaces outside of the VA when you're fitting. And so I think our technology fits so nicely, just getting back into even the fall alerts and detection and the things that we're working and forward-thinking on balance is just a great opportunity to get with the audiology leadership within the VA and share all of that.

Dr. Dave Fabry: Yeah, stay tuned. We've got some really exciting things coming out in there.

Dr. Sara Burdak: I know. I know.

Dr. Dave Fabry: Well, the last thing, we're out of time as always. I mean, the time flies so fast, but March 3rd was World Hearing Day and March 8th is International Women's Day. And I think I'd be remiss not to bring up that as a female leader in our organization, a technical and STEM-based organization, you've talked about students, what advice would you have and do you provide to some of these students and female students in celebration of International Women's Day who want to follow in your footsteps because you've had an impressive and very cool and very rewarding career?

Dr. Sara Burdak: I have. I have.

Dr. Dave Fabry: What would you give them? Advice?

Dr. Sara Burdak: Thanks for that question. And I've received a few awards over my career and last year I received a Women in STEM Award. And I have to say it was probably one of my prouder moments.

Dr. Dave Fabry: We were proud of you.

Dr. Sara Burdak: And I have a daughter as well who I continue to encourage. You have to really think about trying and paying attention in these areas because I think so often women aren't given the opportunity and they should be. So if somebody gets into the profession of audiology, I also encourage them to think a whole lot bigger than they do in academia. And one of the things that you know that I think is so amazing about Starkey, as I already mentioned, we have audiology and product management.

We have audiology and quality control and signal processing. It's not only in sales or education and training, it is in marketing. It's everywhere. I think the last number I had is we were employing over 350 audiologists in these various roles. So I certainly know when I was in school, it was mainly clinical. And of course the academic background, you need that. But I really encourage people to have a more open mind because I have been so impressed by where this profession has taken me. And I really wouldn't have thought I would've had all



of this fun and opportunity to really grow and develop. And so have an open mind. I guess that would be my number one takeaway. Have an open mind and maybe a growth mindset too.

Dr. Dave Fabry: Yeah. Yeah, and you live by that example. And thank you for the impact that you've made for being a female leader in a STEM-based company. As a girl dad and now a girl granddad I love the example you set. And thanks for being on the podcast like I said, next time, fifth time, I got to come up with a fifth time, some sort of a jacket or something, but I can't thank you enough-

Dr. Sara Burdak: Or we'll need a song [inaudible 00:41:13]-

Dr. Dave Fabry: ...for being back. We'll need a song, we'll work on that. Eminem based. So for our viewers and listeners, thank you for listening to this episode of Starkey Sound Bites. We really appreciate your audience and your input for topics. If you want to send us an idea, we want to know what's on your mind. Send us an email at soundbites@starkey.com. If you like this episode like it, share it with your friends, share it with your network, and we'll bring Sara back for a fifth time. I'm certain very soon. But thank you we look forward to seeing you and hearing you again soon. And Sara, I can't thank you enough.

Dr. Sara Burdak: Thank you.