

# Editorial

## “The effect of conventional and transparent surgical masks on speech understanding in individuals with and without hearing loss” by Atcherson et al

DOI: 10.3766/jaaa.28.1.1



I spent 15 years conducting electrophysiological recordings in the operating room for the Departments of Orthopedics and Neurosurgery at the University of Cincinnati Medical Center and at Henry Ford Hospital. In the intraoperative environment, it is impossible to not be impressed by the numbers and types of machines that are required and the noise levels that those machines generate. Communication can be challenging in the operating room (and similar environments), especially if the surgeons, audiologists, nurses, technicians, or monitorists have hearing impairments. In this regard, I am mentioning a very practical article that is appearing in this month's issue of the *Journal*. Atcherson and his colleagues have conducted an investigation to determine the extent to which visual information augments auditory information in the simulated operating room environment. The investigators recruited 30 participants: 10 each with normal hearing, moderate hearing impairment, and severe hearing impairment. The participants were presented with videos showing a speaker who produced Connect Speech Test materials. The listening conditions included auditory modality alone, auditory modality with the speaker wearing a conventional paper mask, and auditory modality with the speaker wearing a prototype transparent surgical mask (which permitted

some level of speech reading). For each of the mask types, the patient's face was not visible. The results suggested that, in general, it was the participants with severe hearing impairment who benefitted from the added visual modality information. The investigation provides some very practical information for improving communication in an environment where there is no room for miscommunication.

### PASSAGES

I wanted to take a moment to acknowledge a professional passage. My friend, colleague, and Deputy Editor-in-Chief, Dr. Devin McCaslin, changed zip codes in November of this past year. He left the Vanderbilt University Medical Center and joined the staff of the Mayo Clinic in Rochester, Minnesota. He will remain Deputy Editor-in-Chief of the *Journal*. As this chapter ends, and as a new one begins to be written, I know I can speak for the faculty, staff, and students at Vanderbilt in wishing Devin, and his family, the very best of futures in their new home “up north.”

Gary P. Jacobson, Ph.D.  
Editor-in-Chief