

Episode 16: Aftershow with DiSogra
Duration: 34:06 minutes

17:03 D' Anne Rudden: All right. After a brief pause, we are back on *The Hearing Journal* Podcast Aftershow with Dr. Bob DiSogra. He was giving us a lot of great information about pharmacology, ototoxicity, drug interactions, the new drug that is being talked about for the treatment of COVID-19. I want to change gears a little bit and talk more about you because you are certainly one of those iconic people in our profession. People definitely know your name from your publications, your service, things that you do to teach not only your colleagues but also university students. One of the things that we are supposed to do, we are going to record this in New Orleans, was you had curated a panel of people to talk about their first 5 years as an audiologist, I was really excited that you reached out to me to be a part of that because I am one of the folks that have been around a while. Talk a little bit about your dedication to students and why it's important to you to have the role that you have with younger professionals?

18:34 Dr. Robert DiSogra: Wow. That's a loaded question that goes back, that's a historically loaded question.

18:40 D' Anne Rudden: You can handle it.

18:42 Dr. Robert DiSogra: I've always been a hands-on real-time instant gratification show me kind of learner. A lot of my academic training from elementary school, high school, part of it. The first 2 years in college before I got thrown out of college from being academically unqualified because it was diagnosed learning disability. The schools that I went to, the private school that I have gone to never taught the learning style. They taught to the general class, and if you could not keep up or if you were not getting it, it was your fault not their fault as teachers. Self-esteem goes in the tank. I got into college in 1967, as Vietnam was building. I was commuting to school, my older brother and sister were living away at school, my self-esteem is going right in the tank. My grades were horrible, absolutely horrible and all those strategies that I used to get me through grammar school in high school. I brought them into my college learning and that never worked. The wheels fell off in the summer of 1969. I came come again. I got a letter from the university and it said, I [inaudible] come back. Especially with Vietnam being what it was, and a month later I got my 1 A classification from the draft. My dad's a veteran, so let me just joining the Navy. The Navy gave me an aptitude test, they said, "You are going to Radar School." Hands-on, real-time instant gratification Electronics Communications. I spent a couple of years onboard the ship, navigating in the dark, pressing buttons, the floor is moving but I learned a lot. I learned how to learn, and that is what the Navy taught me: How to learn. They taught me a style that I learned. When I came back out of the Navy, I went back to the same school that tossed me out. They put me on probation, and I said okay. They said, "You need to get a 3.0 on your first semester back. I have no problem bearing my soul here because this is how I got here. When I do my lecture, people ask me, "How did you get here?" I got here by ship. It's exactly what happened. I was taking this speech pathology class and some of that stuff can be a little abstract, and I needed a hands-on kind of stuff. The audiology class was brand new, they just opened up. I took this class, and I just walked right through it, and I said, "I found a career." My mentor was Dr. Donna Geffner from Saint John's, and said, "Bob, you are going to be a better audiologist than speech pathologist." She guided me in my track, my undergraduate and my graduate work and started doing the audiology kind of stuff. The hands-on, the personalities, the feeling with people, and patient management, and being able to help. All that kind of good stuff that gets us into audiology, my roots, were basically the fact that I served in the Navy as a radar man because that's where I found out how to learn. I found out that audiology was one of those professions that you can do that with the type of learning style: hands-on, real-time, instant gratification working in the dark, pressing buttons, and the nice thing is the room wasn't moving. So, it worked for me. When I got my doctoral degree, after all the work in the back just to greet someone, I had my wall of honor in the office sitting right on top with my Navy discharge and my doctoral degree right with me. That's how I got here, so I got here by ship.

22:45 D' Anne Rudden: You got here by ship, pressing buttons in the dark? Like you are made for it.

22:51 Dr. Robert DiSogra: Yes, but the floor wasn't moving.

22:52 D' Anne Rudden: Thank God. Now, you have another interesting thing that you do. I would call it a side hustle, maybe a passion project. In your spare time, when you are not researching drugs or like teaching young minds you actually work as a tour guide at Six flags Safari Off-road Adventure, and I have seen pictures of you on the truck, hair in the wind.

23:28 Dr. Robert DiSogra: It was wonderful. A lot of people asking me when I retired 4 years ago they said, "What are you going to do?" I said, "I still like to lecture and to teach." They said, "What are you going to do for fun now?" I like doing that but now it's really fun. Six Flags is a great adventure that is just 15 minutes from my house, and they have 350 acres of safari park of wild animals. They have these tours that go through. They had it for years and I took my kids there when they were little, I used to drive my own car going there. They stopped, I saw the advertisement that they had these trucks with these tour guides. How cool with that be. I could go into New York and be a tour guide on a double-decker bus on the circle line. That's too far to drive—this is 15 minutes of a drive. I went for the job interview I had no clue what's going to be in front of me, and one of the first things they said is if I have any trouble speaking into a microphone. And I am like, "You don't know me, do you, right?" It was great working with the veterinarians and [inaudible] and they have a whole training program about the animals. These are 40-minute tours and the animals are free-roaming, 50 different species and those fill around the world. It's crazy and you get the student groups coming. It is so not audiology but it's a lot of fun. I could tell you that it's the best \$10 an hour job that I ever had. It was therapy, it was purely an adult, I would pay them \$10 an hour to get this job. It is just a lot of fun, I have met some wonderful people, retired people, I worked with a retired psychologist. I worked with a retired guy who had a Ph.D. in business management, some were teachers, a lot of school bus drivers that drove trucks. It's great, the people are wonderful. It's great to see the animals and every tour is different because these animals are where they live, so you are coming into their lives. It's a lot of fun, springtime during mating season, and we are trained in diversion techniques that would be on kids. It was great, it is so educational and to see these beautiful animals. You really sensitize the conservation endangered species and you really play that card with the parents. This on a rainy day, we say, forget the video game—learn about the giraffes going on the endangered species. Learn about the conservation. We really played that up and were trained to talk about that because these are real issues for these animals, and some of them are extinct and wild. It's very humbling, very homely, very educational but a lot of fun because it's like anything goes. I missed it because I'm supposed to go back this year, and with the coronavirus, the park is closed. We got to wait until [inaudible].

26:26 D' Anne Rudden: Speaking of looking forward and looking at the future because at the end of the day, even though we feel like we are paused and placed right now. We have to continue to keep our eye on the future. Let's say you could get out your crystal ball and look forward 10, 20, even 50 years into the future. What does audiology look like from your vantage point and please tell me that we are a more cohesive, well-respected bunch of hearing care providers?

27:04 Dr. Robert DiSogra: We know inherently that we are that's why we did this. People aren't going to put their time, energy, and effort into getting an advanced degree just to focus on a retail part of what we do. You can make money in audiology, you can get a career out of it, you can do well. The thing that I would like everybody, especially the students don't forget your roots. Remember why you got into this. You are into this to help people. There was a book years ago, this is like "Do what you love, the money will come later," and it's so true. You will survive but again, we don't want to devalue the audiological evaluation. It pains me when I see people saying I see an audiologist advertising comes from a comprehensive workup free. How will insurance companies look at this? "You are giving it away for free and you are charging me over here." What message is sent out to insurance carriers and to the public? Why should I see doctors to serve and spend [inaudible] dollars for a test when I can see doctors over a year, and I can get it for free. The devaluation of the audiological evaluation for the sake of just some hearing aids... Hearing aids are part of what we do but it's not the center of our universe. There are some people who make it the center of the universe. My message to young people to never forget your roots and why you did this, and do what you love. You will make money, you will do well from the business point of view, personal point of view. It's great stuff but it's a concern that I have when I start to see Monday, Wednesday, Friday or diagnostic days, but Tuesday and Thursday are our community appreciation days. Your reputation should get your phone dripping, and how your patients love you, that's really remarkable.

29:10 D' Anne Rudden: What I'm hearing you say, is if you were in a perfect world to look out, and in the future, you would see us as not functioning in that capacity that we would have a totally different container, so to speak. To put our energy and service model into. What does it look like?

29:34 Dr. Robert DiSogra: I would like to see our profession just market ourselves to consumers as the hearing experts, as the hearing loss management experts. If it's all based on hearing aid sales, that's not it, but sometimes that just pays the bill. If we make it the universe's center it can move away from why we did this, to begin with. Again, it's free enterprise, it's how you want to market yourself. For the younger people that are listening under audiologists, you can do that but keep in mind that there are a lot of kids out there that need auditory processing evaluation. There are a lot of babies that fail hearing screening and need follow-up testing. There's a lot of preschools, there a lot of speech...that's a tremendous number of speech pathologies that screen for audiology the same path. What shall we do to help these patients with delayed speech-language, fluctuating hearing loss? Well, that could be a diagnostic self that we grew up on. Your spin-off comes from there, I would say that maybe 15 percent of my auditory processing kids, their parents came in as patients or the grandparents came with these patients because "We got to see my guy, Dr. Bob, he is a good guy, you know?" And all of a sudden grandma comes in—and she would never have come in had the grandson with the auditory processing issue didn't come in. I'm going to refer to the speech pathology. There are some ways in which we expand your referral base, and that's one of the things that you don't get in our colleagues or speech pathology colleagues. Our diabetes educators—were seeing more of an interest in audiology in hearing loss from diabetes that never before. Look at the audiology project that is happening, with Dr. Kathy Dowd is spearheading this to get the Center for Disease Control to recognize audiology as one of their professions. The CDC's usual relation gets to know an audiologist here other than your pharmacist, dietitian, dentist, and optometrist. Audiology is just as important, and we are very close to that. She stands a tremendous amount of work. There are still areas of growth, and I am excited about the pharmacology side and management badly, and Kathy is doing diabetes. Don't forget the speech pathology community, our speech, and hearing our colleagues, they are tremendous [inaudible] kids, and don't forget your pediatric skill. Kids are great, but don't let them conquer you but you gotta be ready for it. Keep it going. Hearing aids are part of what you do, but it's not the only thing you do.

32:37 D' Anne Rudden: Now, I know we are almost done with our time but I feel like I can't leave our time together without circling back to one of my favorite Bob-ism because there are Bob-isms out there. You have a voice in the profession. I remember very distinctly you say to make sure that you schedule your difficult patient on Tuesdays.

33:05 Dr. Robert DiSogra: Absolutely because we all have them, and we know that they can keep you up at night laying in bed and your partner is going to say, "Aren't you asleep yet?" I went out of my way, they didn't even say thank you then they complain about paying the bill. Tuesday, this way you have all week to calm down doesn't ruin your weekend. It doesn't kill your Sunday night so you can enjoy the football games.

33:30 D' Anne Rudden: Sage advice. Tuesday, my new favorite day—maybe not.

33:41 Dr. Robert DiSogra: Maybe not. That's why God made wine.

33:46 D' Anne Rudden: Dr. DiSogra, thank you so much, Bob. Dr. Bob, you are amazing. I'm so grateful for your time, I'm so grateful for your voice, and I can't wait to see you in Denver. Let's do it again. Have a wonderful day, thank you so much.

34:03 Dr. Robert DiSogra: You too. Be well, be safe, take care, thanks a lot.

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