

AUDIO SCRIPT

[F1: Female Student; F2: Female Student]

F1: Hi, Stella. What are you working on?

F2: Hi, Amy. I'm practicing my presentation for tomorrow. I'm so nervous.

F1: Well, I have some time now if you want to practice on me.

F2: That'd be great. Okay, here goes. Can you imagine never being able to hear a bird sing or never being able to listen to your favorite song? Well, that's how life is for someone who's deaf. Today, I'm going to talk about artificial cochlear implants. A cochlear implant is a device that's inserted into a deaf person's ear. The purpose of the implant is to restore hearing. First, let's look at the structure of the ear. The ear ...

F1: Wait. Slow down, especially when you use key terms like *artificial cochlear implant*. A lot of people won't know what it is, so if you speak too quickly, they won't understand.

F2: Okay. The ear is composed of three parts: the outer ear, the middle ear, and the inner ear, also called the cochlea. When we hear sounds, they go from the outer ear to the middle ear. The middle ear then transfers the sound waves, or stimulus, to the inner ear. The cochlea transforms the stimulus into a neural signal that is received and processed by the brain. Some people ...

F1: Stop right there.

F2: What's the matter?

F1: Are you going to do the whole presentation with your head down? No offense, but it's boring to watch someone read from their notes. Straighten up and look at your audience every now and then. Also, your voice is always on the same level. Vary it a bit. Use a range of higher and lower tones to sound more interesting.

F2: Okay, like this? Some people lose their hearing because the *sensory* hair cells in the cochlea are *damaged*.

F1: Yeah, that's much better.

F2: Hearing aids have been around since the late 19<sup>th</sup> century. These devices are placed in the outer ear. They *amplify* sounds to make them louder so the person can hear a bit better. They are useful for people who are *partially* deaf and have difficulty following conversations. However, they usually don't work for people who are totally deaf. How am I doing so far, Amy?

F1: Good, but can I make a couple of suggestions?

F2: Yes, please do.

F1: Well, you keep playing with your hair. It's distracting. I know you're nervous, but use your hands to make gestures, you know, like when you're talking about *amplifying*, you can make a gesture that suggests hearing something louder. Act it out.

F2: Like this?

F1: Yeah. And move your hands when you're emphasizing important points. Right now, your left hand is like a dead fish. Use both hands to express yourself. Remember, this is a performance.

F2: Gosh, Amy. This is great advice. Shall I go on?

F1: Sure, continue.

F2: In 1961, the first cochlear implant surgery occurred in Los Angeles. The principal surgeon was Dr. William House. Dr. House and his team inserted an electrode into the patient's cochlea. A transmitter was inserted behind the ear that sent signals to a receiver just under the skin. The first-generation implant was *bulky* because the transmitter was quite large. Clinical trials continued through the 1960s and the technology slowly improved. The transmitter became smaller and less noticeable. The sound quality is different from real sound, but it corresponds closely enough so the person can understand speech and other sounds.

Today, more than 325,000 people worldwide have received artificial cochlear implants, many of them children. The implants give deaf people the potential to function more easily in the hearing world; to be able to hear that bird sing and that favorite song. That's it.

F1: Great job, Amy! You should smile towards the end because it's such a happy outcome for so many people.

F2: Okay, I will. Thanks, Stella. I feel more confident now.

F1: You're welcome, Amy. Good luck tomorrow!