

# New Insights into First-time Users

The Patient's Viewpoint

Past Research on First-time Users

Readiness Management

Making the Patient "Ready"

Are Some Patients Truly Not Ready?

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## Appendix A: Key Patient Counseling Tools

### Hearing Device Demonstration Fitting

**Background:** In the era of custom devices, the use of demos fell by the wayside. However, the emergence of instant fit, RITE products allows for a quick and efficient patient listening experience. Demos can be used either within the office during the counseling process or at home for anytime from overnight to several days. The goal is to give the patient direct experience on what it is like to wear and listen through hearing devices.

**Best Suited For:** Demos can work effectively with just about any patient who is showing reluctance to the idea of using amplification. The timing and techniques employed when introducing the demo will vary depending on the agenda of the patient. However, the actual listening experience can quickly cut through a lot of discussion about what listening through amplification might sound like.

**Caveats:** It is important to not push a demo too quickly for a patient who is wary of the “sales” nature of the hearing aid process. Also, it is important to properly prepare the patient for what to expect during the trial use of the devices.

### Example:

- *If you were to get a hearing aid one day, what do you think that would be like?*
- I don't know. Having something physically attached, might be like getting used to eye glasses. There came a point in my life where I had to wear glasses. So, I do it. If I really can't hear or I found out that products today are technologically advanced and that I could find something non-obtrusive, then o.k. If I have to, I have to, I am not that vain.

This patient seems to, in general, be open to the possibility of using devices. It is just unclear exactly what that experience would be like. A demonstration fitting can quickly clear up these potentially vague concerns on the part of the patient and quickly create a pleasant surprise.

### Ida Institute (2009) Motivational Tools

**Background:** The “Line” (*Figure 7*) is helpful to open a dialogue with reluctant patients and to help explore whether the patient is ready to embrace the use of amplification. It consists of asking two separate questions to identify whether there is ambivalence between the importance of improving hearing and the patient's personal commitment to making the necessary changes. The next step is to ask the patient to mark his own position along a line from 0 to 10.

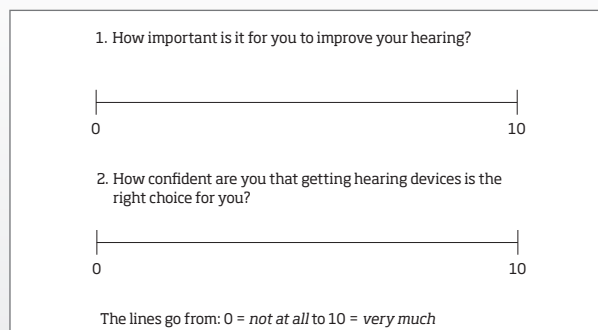


Figure 7: The Ida Motivational Tool “The Line” (Ida Institute, 2009).

The first question identifies the goal: How important is it for you to improve your hearing right now? The second question identifies the process: How high the patient ranks his own commitment to the solution. A patient who provides a high ranking on both questions will have high motivation to improve their hearing. If the score is low on the first question, the patient does not appear to take an interest in hearing. If the score is moderate or high on the first question, but low on the second, then it is an indication that the professional needs to find out the nature of the patient's objections to adopting a solution. Further discussion may be needed to find areas where improved communication performance may actually be of interest to the patient.

The second question ("How confident are you that getting hearing devices is the right decision for you?") refers to the steps that will lead to better communication. No matter what the score is, elaborate on the objections the patient may have regarding acting on his hearing loss. The inhibitions could concern change in lifestyle, emotions connected with the perception of being less attractive, lack of faith in technological devices or lack of perseverance when it comes to making things work. Try to discuss these matters with the patient and

acknowledge his apprehension. At the same time, reassure them that the problems can be solved to some degree and that issues are often resolved once the patient starts to act on the hearing loss. At all costs, avoid telling the patient that their concerns are unfounded; they are real to the patient at that time.

"The Box" (**Figure 8**) is used in combination with "The Line" primarily for two reasons: To make the patient aware of their own positive and negative thoughts about hearing loss and to give a picture of how motivated the patient is. The patient develops a list of the pros and cons of continuing the status quo or changing. Seeing both sides of the situation can help make it clear to the patient that there are good reasons to change. The objections to change can be evaluated in reference to the upside.

**Best Suited For:** The Ida Motivational Tools are targeted towards the patient with a general idea that amplification may be useful but who are not yet fully committed to the process. They can work well to help the patient examine just how important it is to solve their communication problems. They can also help with the patient who may be minimizing the effect of the hearing loss and those who express only practical concerns about the downsides of the fitting.

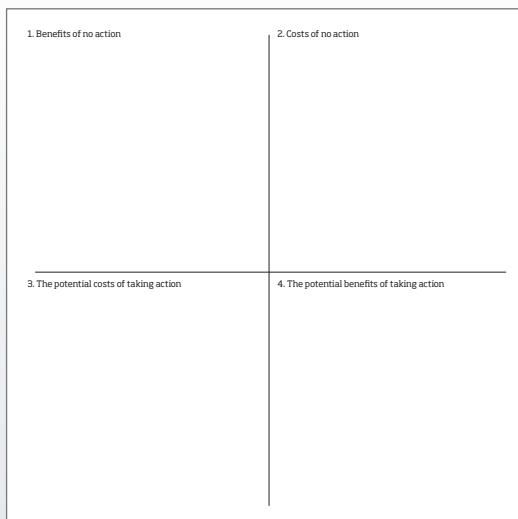


Figure 8: The Ida Motivational Tool "The Box" (Ida Institute, 2009).

**Caveats:** If the patient is already motivated to do something, then there is not a good reason to spend a lot of time examining their overall level of motivation. Also, care must be taken with a patient who is looking for professional confirmation that no action is needed. The Line can be used by that sort of patient as a self-confirmation tool that change is not necessary.

**Example:**

- *Have your friends or family expressed concerns to you about your hearing?*
- Kids have mentioned it. My gut knows eventually I will need to have aids but I have been putting it off. I am not ready yet. The first reason is size of the aid, the ease of taking in and out, not hearing naturally . . .

In this example, the patient is starting to bring up practical issues, but there is a hint that the reluctance may also be related to possibly conflicted feelings. The Line could be used to determine the true nature of the patient's reluctance and the willingness to move forward. The Box particularly can be used to balance out the negative concerns with both the costs of not taking action and also the potential benefits of amplification.

**Client Oriented Scale of Improvement (COSI)**

**Background:** Goal-based patient counseling is not new to our field. Dillon, James and Ginis (1997) introduced the Client Oriented Scale of Improvement (COSI), which places emphasis on structuring the rehabilitative process around the stated goals of the patient. This tool is well in line with the concepts behind Motivational Interviewing. The patient, through discussion with the hearing care professional, and perhaps the family, nominates up to five specific communication situations where difficulties have been experienced. The patient has the opportunity to

rate the importance of those situations and, after the devices have been used for some reasonable amount of time, the benefit provided.

The application of the COSI, however, needs to be adapted to the mindset of the patient. For the existing user or the willing new user, goal establishment for the COSI can occur reasonably quickly and can form a guideline to the choice of the new hearing aids. However, for the reluctant new user, it is important to not rush into the process of goal establishment. In line with Motivational Interviewing, the establishment of unmet needs is a major milestone in the course of acceptance by the patient. It is an indicator that the patient is moving from resistance to establishing a self-stated reason for making a change.

**Best Suited For:** The COSI can work with a patient who is either resistant to describing the nature of their communication problems or a patient with a vague idea of exactly how the hearing loss is impacting their life.

**Caveats:** If the hearing care professional moves too quickly to get COSI goals down on paper, those goals may not be genuinely felt by the patient. They may simply be a listing of situations in which there is communication failure. Those are not unmet needs because they lack the emotional relevance to the patient. A too-quick filling out of the COSI form may actually be counterproductive if it allows the patient to continue to distance himself from the problem.

**Example:**

- *When did you first suspect that you had a hearing loss?*
- I haven't. It is my wife that keeps telling me that I have a hearing loss. To be fair, she brings it more to my attention, but there are times when I think I might have missed something

but I don't know if it is a loss or that I lose focus of listening. I tell myself it is focus of listening. That has been over the last couple of years. I don't find it has affected my daily life. Not noticed that it is severe. It is not constant. I don't know if I miss things in typical conversation -- it is more if I am watching TV or listening to lyrics. That is where I find it. Normal everyday life, I haven't observed that I am losing my hearing.

- *Have your friends or family expressed concerns to you about your hearing?*
- Only my wife.

In this case, there are clearly some communication problems taking place. The COSI could be used to try to prioritize the situations and also determine the importance of communicating effectively in the listed situations. Discussing these situations with the family members may help put into focus the severity of the communication problems along with the importance of improved function.

### **eCAPS**

**Background:** The eCAPS software provides multimedia descriptions of aspects of the patient counseling process such as the nature of hearing loss and the role of advanced hearing device technology. It is designed to supplement the normal educational and counseling discussion that the hearing care professional will have with the patient and family. It is particularly useful in helping describe concepts that are not easily explained using just words.

**Best Suited For:** The use of multimedia tools such as eCAPS can work well for patients who are genuinely interested in the nature of their difficulties and the role that technology can play to alleviate their struggles. eCAPS can be particularly helpful with a patient who wants to

be sure that the investment that they are making is worth it.

**Caveats:** The use of a tool like eCAPS should never serve as a substitute for a discussion with the patient and family. Further, care should be taken not to create information overload. The appropriate use of a tool like this is when multimedia will help to efficiently supplement a discussion that the professional would initiate anyway.

### **Example:**

- *What are some reasons that you haven't pursued formal treatment/evaluation until now?*
- I haven't made an appointment but I am just now more aware of it. My brother I visit uses TV ears and I love those. I realize that it makes things clear and comfortable and easy and I thought, gee, maybe that would help me in everyday life and maybe I should look into that. For all I know, I could have something wrong with my ears. I always hope for a magic pill to click something and put it all right. But, I know it is aging and I am probably at the point where I might have to wear a HA.

This patient may have some misconceptions about how hearing device technology works and the sort of problems it is designed to solve. This may be a good opportunity to use an educational tool like eCAPS to help the patient and family develop a clearer, more focused idea of what amplification is designed to do.

### **Activity Analyzer**

**Background:** In Oticon hearing aids, the data logging function will track the amount of time spent in different types of communication environments and show how often different advanced signal processing is employed. The sophistication of the environmental analysis and

the technological reaction will vary by device level, with the most detail provided by the highest levels of the product.

**Best Suited For:** The Activity Analyzer can help to demonstrate to a reluctant patient, after trial at-home use, the advanced nature of the processing in a product such as Intiga. If the patient is unclear or unsure that modern hearing device technology can address complex listening demands, the Activity Analyzer can provide concrete evidence.

**Caveats:** If the patient has had an at-home trial for only a couple of days and did not use the devices in challenging environments, then the data may not show a compelling need for advanced technology. The hearing care professional should probe the patient before viewing the results to confirm how the patient made use of the technology during the trial.

**Example:**

- *Do you know anyone who has hearing devices?*
- A couple of guys I know from golfing. They brag a lot about all of the fancy things that their hearing aids can do, but I'm not sure. They tend to be big talkers.

This patient may be unsure of what technology can actually do. This can be a good opportunity to combine an at-home device trial with a follow-up examination of the Activity Analyzer. The patient can then see what sort of environmental assessment is possible in modern devices and how this assessment is used by the devices to engage advanced signal processing when needed.

**Patient Expectation Guide**

**Background:** This idea is used by many clinicians and has taken many forms over the years. The format presented in Appendix B is taken from Schum (2009). The goal is to lay out for the patient and family (1) those things that should

absolutely be expected of the products dispensed (Expectations) and (2) those things that are goals of rehabilitation, but not necessarily guaranteed (Potential Benefits). It allows the patient to see that certain aspects of the fitting process should never present an on-going issue but that there are other things that amplification may not be able to achieve as fully as the patient may expect early in the process.

**Best Suited For:** Basically all patients, but especially those who have either unclear ideas about what amplification can provide or those who have concerns about practicalities or cost versus benefit.

**Caveats:** It is possible that some patients may be caught off guard that improved performance in the most challenging situations is not guaranteed. However, it is better to have this discussion at this point in time than waiting until the patient is disappointed during the initial stages of the fitting experience.

**Example:**

- *What aspect of this whole process, either being evaluated or seeking treatment or something else, is the most concerning for you? Why?*
- Nothing is a concern. I would have to go into the process with a positive approach. Don't fight it. I don't know, maybe I am missing higher pitch sounds. I sometimes wonder, "did I miss something?"

This patient appears willing to try amplification but may have unclear ideas of what to expect. The Patient Expectation Guide can help provide specific focus to the process. The patient will know what to look for during the initial fitting experience and can explore exactly what amplification can possibly provide.

## **Appendix B: Patient Expectations Guide (Schum, 2009)**

### **What to Expect from Hearing Devices**

Being fit with new hearing devices will bring about many new experiences. It is important for you to know what to expect. There are things that should be right about the new devices from Day One and every day after that. If you have difficulty in any of these areas, we will make it right as soon as possible.

#### ***What you should expect:***

- The hearing devices should be functional on a daily basis and, if they are not working, repairs will be completed in a timely manner.
- The hearing devices should be free from feedback under normal use conditions. If feedback occurs on a frequent basis, adjustments can be made to minimize these occurrences.
- The hearing devices should be physically comfortable to wear. If discomfort is experienced, especially after the first few days of use, adjustments can be made to the physical shape of the body or ear piece of the hearing device to eliminate such discomfort.
- Loud sounds in the environment should not be made to be uncomfortable by the hearing devices. If discomfort is experienced, adjustments can be made to control the output of hearing aid.
- The hearing devices should improve the ability to hear soft and conversational levels of speech in quiet environments.
- The hearing devices should be comfortable to wear in louder, noisier environments.

We know that hearing loss creates many communication difficulties. We will try to solve all of your major challenges, but the nature of hearing loss is such that your hearing will never be normal again. Everyone's hearing loss is different and, for some, the damage is so great that certain situations will always pose a

challenge even with the best devices. Improving your ability to communicate in challenging situations will form the basis of what we will try to do for you. We call these focus points Potential Benefits. The ability to meet these goals will vary depending on the specific nature of your hearing loss, the communication environments that you visit and the level of technology in your devices.

#### ***Potential Benefits would include:***

- The hearing devices will allow you to better understand speech in complex, noisy situations.
- The hearing devices will improve your ability to separate the various sources of sound in your environment and focus on the sounds in which you are most interested.
- The hearing devices will improve your ability to understand speech from electronic sources such as telephones, televisions, etc.
- The higher the level of technology in your devices, the greater the chances of improved performance in challenging situations.

## People First

People First is our promise to empower people to communicate freely, interact naturally and participate actively