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Ethical Business Practices in Fitting Hearing Aids

Presenter: Oliver von Borstel

Thank you so much today for joining us in this presentation entitled Ethical Business Practices in fitting Hearing Aids. Today's presentation is presented by Oliver on Vorsto. And we're so excited to bring together a wonderful group of esteemed leaders in our industry as part of the Industry Innovation Summit for 2024. We'd like to thank our sponsor, care credit, and all the companies who are participating. And at this time, I hand the mic over to you, Oliver.

Thank you very much, Christine. So let's start it, first of all, about the disclosures. Sorry, that went fast.

These are my disclosures. So everything is legal about the learning outcomes in this presentation today, I want to share a part of my knowledge which I have acquired the past 17 years in the hearing aid industry, in the dispensing industry, because what the title says, and you probably know better than I do, not everything is really ethical what's going on. So I want to go through those topics you probably have seen already in the invitation. My goal is that you have learned some skills and that you got some insights in the methodology. What I find what it is ethical when dispensing hearing aids.

Whenever you have a question, please use the Q a button and we will handle them at the end of the presentation. So you probably don't know me. Probably you have seen me on Facebook or LinkedIn. I'm very proud on that, that I'm a well known person in the hearing aid dispensing world. I'm often invited for presentations such like that, or in person.

For instance, January 12 and 13, I was at the Wisconsin Convention of Audiologists, and I had two presentations there about ethics in dispensing and the importance of non manipulative ethical selling. So I'm a salesperson. I'm not an audiologist. But I have spent today 17.5 years in training and coaching audiologists, hearing instruments specialists, audiometrists. However you want to call them, they do more or less all the

same, they take care that the hard of hearing person, or a hearing impaired person, as I like to call them, gets the individual best and most optimal hearing aid solution.

What I tell you today, it might be that you don't agree on everything what I say, but it's important to know that I'm doing that for more than 17 years. It will be by 1 July, it will be 18 years. This is what I have learned as a personal coach of audiologists, hearing instrument specialists, when I was coaching them, sitting right at the table in assessment meetings with patients. So my focus always went on the patient how they react, what they say, what needs they have, and how they are treated in solving the problem. And the problem is to provide them a better quality of life.

So that's in brief. About me you can read more about myself on Facebook or LinkedIn. Oliver from Borschel is the only one with that name in the world. I'm very proud of that. So you can't miss me.

Let's go right into the subject. The key ethics in our audiology. What is important about them? I'm pretty sure that you have learned a lot about ethics, but when it comes to ethics, definitely not ethical is to force somebody to buy something to manipulate them. In all the sales, whether you sell paperclips, hearing aids, or nuclear power stations, clients or patients who are forced to do something will regret that later.

That's my experience. So important is it is about the quality of life, the improvement of the quality of life, and not about a device or a brand or a model. Not only patients have needs, but also their spouses or family members. And I know often they say, but I don't really need that because my hearing is good. And family members, they mumble or they talk with a soft voice and it's not really so.

And by the way, they make alt. And it's a pity that in the dispensing industry, as I like to call it, worldwide, whether it's in the US, here, in Europe, or in Australia, or in South

Africa, where I have clients, it's actually everywhere the same. They regard hearing aids as something ugly. Worse, there are many cowboys in the dispensing industry, as I like to call them, symbolically, companies who just are interested to sell and make profit and not really help the client. This is totally unethical, because as soon as a business or a big box or a chain of hearing outlets have business philosophy like high volume, low care is definitely only about money and making profit.

So symbolically, I always turn that around. It must be high care and low volumes, which means that the focus on care, taking care about the well being of the patients, must be the main focus in the business. So I'm very sure you have earned already a lot of points, I guess, in learning everything about ethics. So I tried to figure out to get a definition of business ethics, and that's not very easy to do. But in brief, ethics in business must be a good behavior, a moral, a high moral standard, and an ethical behavior.

And in business ethics, it's very important that all involved in that business are aware about what's right in our business and what's wrong. And of course the best is that the business describes them and goes through them weekly, monthly, half yearly, or whatsoever with the personnel that all are on the same level. Ethics. There are also laws about ethics and they might differ from state to state or country to country, even continent to continent. But one thing is clear, it must follow certain ethical values that law and the law takes care about that, that the ethics, the standards describe, standards are followed.

So more about that. There are a lot of ethics in audiology are described already. I found them on the platform we are today on the audiology online. AAA has a set of definitions, Asha and even in South Africa, where was the University of Pretoria. And there are a lot more.

I'm a big fan of chat, GPT, Openeye or Bart on Google. It doesn't matter. It's very interesting. You might not agree with me, but try it. If I type in ethics in audiology, I get some three, a four papers of text and they describe.

Actually Chachi PD gets it from all the sources, audiology online, AAA and so on and so on and puts them together. What is important in that is that it confirms that it is the responsibility of those who do the job. Of course the employer also has a responsibility, but I put the responsibility by those who talking with clients, with patients, they are as responsible that ethical standards are lived like the company.

With other words, the heart of hearing person looking for help needs to improve the quality of life for different reasons, health reasons. They really deserve that they are treated in high ethical standards. So I recommend that if somebody only focus on selling something and not listening to the one who needs something to be solved, this is not ethical. So we have to analyze needs. We have listened to the heart of hearing what they say.

We have to understand what they say. Just then we can give an advice how we would solve the problem. So I think you'll agree with me it goes for itself that it is like that. Yes, it should actually be so. But it's in reality it's not.

So let me go what I call symbolically a level higher is it ethical to advise high tech hearing aid solution or is it know these are posts I have put on LinkedIn and Facebook a couple of weeks ago in the old year. The question for hard of hearing is it ethical at all to sell low grade hearing aids? Or the other way? Is it ethical to advise high tech hearing aid solutions? Low grade hearing aid solutions are often given or financed or paid back partly or in full by Medicare organization health care insurances or in veteran program that's in every state or country, it's different.

But in most of the western world countries, they have a certain program.

It's a pity. And it's not really ethical that most of the health insurance companies, where you pay a monthly fee or where you are lucky that it is free for you, they don't grant you the best hearing aid solution. They rather want to save money. They watch the money and say a low grade will do. It's adequate or even worse.

Some say our persons which have the health insurance, they don't need more. But I'm not agreeing on that. Neither is right or wrong when I say I claim that to solve needs of the hearing impaired spouses, family members or even caregivers, I have a lot of examples about that. They also have need, and it needs to be solved. And in most of the cases, my experience, looking back 17 years, is that the high end solutions are the better solutions to improve the quality of life.

Why? It's the patients and clients which confirm that. But there are a lot of clients where a lower grade or even a low grade hearing aid solution will do. Give you one example. Here in Europe, in Holland, where I live, you can buy hearing aids at the supermarket, has nothing to do with OTC.

You can buy them there for 9.99 apiece. They even come in a nice cage. A luxury packaging material is used, but at the end it's just a very simple amplifier, amplifies everything. And I talked to my friend Fanny Duchua in South Africa, which he's wearing two cochlear implants, and he's taking it up for human rights in South Africa. And it's close connections to who and other organizations.

And Stefani, I find that unethical, that such hearing aid devices, looking very old fashioned, are sold at the supermarket. The advertisement claims that's a hearing aid solution. And he said, I understand what you're saying, Oliver, but I don't fully agree on that, because here in South Africa, he said, there are retirement homes out in the

bushes. It's not really houses, it's more huts. But there are very old people which have very, very heavy hearing losses.

And he said they are treated like animals. They are treated like animals, such as, because they are so hard of hearing and they have to take medicine or pills. Nurses come into the rooms where they sleep or where they sit, and they say, eat pill, and they shout very hard. Otherwise the hard of hearing person cannot understand that they're very poor, they have no cent to spend, and they're really dependent on those nurses and retirement homes. And Fanny said then such a simple amplifier costing not more than \$10 would help them to improve the quality of life in a way that they are not treated as animals anymore.

And I fully agree on that. Fully agree. So it depends on the case, what is right or wrong. That's why I like to call it a hearing aid solution and not an hearing aid. What is a hearing aid solution?

You know that it's like the symbolic iceberg. About one 10th or one 9th can be seen above the water level, but the rest is beneath the water level. And nobody knows. If you see an iceberg in the ocean, nobody can tell you how big it is underneath the water level and what shape it has. And I compare that with a hearing aid solution.

What a lot of people think is it's just a device. It makes old. And often they say they don't work and they peep and have more disadvantages than advantages. I must tell you, it is my experience, and you might put that down on your piece of paper. Note it down.

Is that my experience is that a lot of professionals, experts like audiology doctors, like hearing instrument specialists, like hearing care specialists, think the same. And that's totally wrong. I call it unethical because a hearing aid solution is much more than just a

device. What it is, what it really is is down here. It comes in a lot of solutions which might help to improve the quality of life.

You know that better than I do. It makes that they take actively part in conversations again, that they go out and enjoy a restaurant, which they probably didn't do, or they go to birthday parties again, because they avoided it, because not understanding them. And it can even delay dementia and it can even help to better health conditions in other fields of a doctor or physician knows much more about that. That's what the past studies confirmed. So I want you that you are talking about what's beneath the water level and not what it is above.

But watch out, it is not the meaning while doing so. And I will address that later on that you talk about features and functions, because most of the patients will not understand that. Neither they are interested in hearing that you can do that you can address certain functionality or features when you have learned how you can help those patients. So keep that in mind. It's not a simple device even it's a low grade.

It's much, much more than that. Look, low or high grade, which is better? That's the wrong question. You can't ask that. Nothing is better than the other when I say that, my experience is that the majority of hearing aid wearers who have high grade or high tech hearing aids are more satisfied, it comes through the fact that they hear much better, can understand much better, can conversate much better in noisy settings.

And in my belief, this is very important when it comes to advising a hearing aid solution. It wouldn't help if. It wouldn't help if a hearing aid solution would be so that like the old guy over there, he has hearing aids. He sits at the bar in a restaurant and he cannot follow the discussions when this is so when this was an advice of an expert, a hearing instrument specialist or an audiology doctor, I think they haven't done the job. Very, very good.

This is a chart from a producer of hearing aids saying how much understanding of speech in noisy environments can be achieved. And I find by saying that, that every hearing impaired person deserves the best solution individually in his life. And again, not saying that this is all the time only high grade or high tech.

It's also my experience that hearing instrument specialists tell me internationally where I have clients. Look, Oliver, if they want to have just a low grade, a cheaper solution, or if the health insurance does not pay more than that and I fit them, they are hardly to get satisfied about the hearing aid solution. Worse, they fill my agenda with visits and all I can say is I cannot refit it for what you actually need because this is the solution a you have chosen or which the health insurance grants to you. But when I sell them, many told me that when I sell them a higher grade or a high grade hearing aid solution, all of them are satisfied. I hardly ever see them back for a refitting and most of them recommend me, then my answer is always, look, I'm an entrepreneur.

If they recommend you, and that's very important in business. So why don't you advise lower grade hearing aids at all and I make them sink? Please think about that. I'm not saying you have to do another question is in advising hearing aids is the question. I've also posted on LinkedIn and Facebook, is it ethical at all that an audiologist or reed hearing instrument specialist makes money?

And I got a lot of responses on that because that's a hot item. You could say 50 50. 50% said yes, of course, and 50% said no. We are not in that type of business and we find it unethical. So my answer to that is, it is always a fight between the angel, the symbolic angel and the devil.

We have to provide high care, we have to take care. We have to provide services. We have to provide outstanding after sale services, but we also have to earn enough

money. So it is absolutely legal that you in that business have to earn money, because you need that money to modernize all the equipment, refurbish your practice, pay wages, pay rents, pay other costs, education costs such as this. So it's absolutely ethical that you earn money.

I say you have to, but you have to have an ethical business model. You have to define that.

Ethics in audiology must not be based on, as I said, on a brand or a model. And that's another compromise, because I know a lot of audiologists, they have made a deal with a producer. There are five very well known producers. And now and then, it's interesting. Now and then I train their outdoor salesmen and I know that they have to make deals, yearly deals with clients.

What I want is just buy my brand and don't purchase with the other brands. And they have a target to fulfill, because if they don't reach the target, as a salesperson, I've been a salesperson myself far in the history.

If you don't reach a target, you might risk to lose your job, and we don't want that. But on the other side, if they made a good deal, got a very low purchase price, and have put a yearly stock on hearing aids on the shelves, they must be sold, they must go away, because hearing aids have a shelf life. You can't keep them for ten years on the shelf, although they are still functioning good. You can't do that. So it would force them to hard selling them away.

And that's totally not done in my ethical selling concept. It must be the person, the hard of hearing person, you could say on the left side in the picture it's the lady. On the right side, the picture it's a couple. They must be in the center of all focuses. Ida Institute in Denmark.

I've put the website down there. You probably know it. If you don't know it, please pay them a visit. On the website. They have defined, I think four or five years ago what PCC, the person centered care is.

They put it in a circle. I'm doing those trainings since 17 years. I told you, and I realized five years ago that actually my methodology is based on person centered care, but I didn't describe it like they do. And that's very good. Let's go through that.

What does it say? Person centered care is just when we involve the spouses, family and friends in finding the hearing aid solution. So not just talking to the heart of hearing person. And this is, in my concept, very important. I give you a brief example.

If a couple sits on the other side on the table in an assessment meeting, the question is that the audiogram, the hearing test is done. The audiogram and the speech test lies on the table and shows it's a 50 db release loss, which is quite something.

The audiologists ask, what about the tv?

How is that working? Because your ears are not the ones of a 20 year old person anymore. Most of the time, the male hearing impaired said, I have no problems with that. It's somewhat louder, but otherwise I can't follow the talk show or the sport or whatsoever. When the expert asks spouse sitting next to the hard of hearing person, they often react like that.

Yes, it's much too loud. We often have fights because of that. But I understand otherwise, he can't hear it. And must also say that children, the grandchildren avoid visits because the tv on a Sunday is very dominant in the living room. So when you hear that, you hear a major signal of the spouse.

Hobby has no problem with that. Otherwise he can't watch the tv. But spouse, children and grandchildren have a need, have a major need. They want to have that solved. They didn't say so, but that is what, that's why it is to define the individual best and most optimal hearing aid solution.

We also have to listen to family members. In the person centered care model, very important is that in an assessment meeting, a lot of open ended questions are asked. Open ended questions can't, in most of the cases, not be answered with a yes or no. It's much more positive and important because open ended questions makes that those who are asked the questions that they talk. We'll come back on that a little bit later on and we can ask as many questions, open or close, it doesn't matter.

And if we are not active listening to what is said and to understand what is said, every question is senseless. So this is a weak point of many experts in the dispensing industry. They ask questions standard maybe, which is very bad. They have a script and they just ask them, all of them, but they don't really listen. They just want to cross them off.

And I've asked them and then I define my hearing aid solution. That's not person centered care. Also, you have in person centered care to make goals, which you discuss together that all around the table agree on that this is what we need to solve. This would improve the quality of life of the heart of hearing person and their spouses, family members, and so on. Another fact is that many doctors, audiology doctors, hearing aid specialists, et
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with a certain trick via the insurance company, which is totally unethical. And guess what? It's only the lowest grade hearing aids which are for free.

And most of them are not to be recommended to the heart of hearing person or wouldn't help them. So don't talk about the price or a cost of the hearing aids solution. Rather call it it is an investment for the coming years in a better quality of life. So in short, it is important that you win the trust of the client, spouse or family member, which might be opposite of the table in your assessment meeting room. A smart person set in sales.

And this is true whether you sell paperclips, hearing aids or nuclear power stations is if you want to sell something, sell nothing. It's symbolically approach a patient client with the intent to help to solve a problem and not to sell a product or service. So this is very important and I really wish that you put that down and try to live like that if you are not already living with that. So there's some more minutes to spend together. I want to talk now about the assessment meeting and how important open ended questions are actually open ended probing questions and understand what it is said.

Because only then if you have done so, then you are able actually to advise how you would solve the problem. So I want to show you the next two slides about what a proven successful structure is. In an assessment meeting. You see the blue arrow, I always want to call it. It must be about the individual best and most optimal hearing aid solution, and not a device or a cheap solution whatsoever.

You got to ask the open ended probing questions with the client. And what I advise if they book an assessment meeting for a hearing problem to be solved, try to convince them to bring along family members and spouse. Because I said they often have the bigger needs than the one who needs a hearing aid solution. We have to actively listen to what is said. We have to understand what is said.

Here I've put down 2080. That means symbolically, in the time you are together with the hearing impaired person and the family members, 20% of the time should be that you ask open ended question and 80% of the time with the client should be symbolically that you listen and understand what it is said. And active listening. In psychology it's a big subject because it's not easy to do, because it's a psychological fact that we tend to listen to reply and that we are not listening to understand. Think about that.

We are human beings. Actually, every human being faces the same problem. Finally, in a short structure, if I have understood what it is said, and I probably created neat, and I will address that just in a minute. We have to react empathically. If we've learned a lot, we give an advice how we would solve that problem.

So it's most important that we ask open ended questions and understand what they say, because it's senseless that we talk about ourselves, the clinic or products or services, unless they ask it themselves. It's really about the person who needs help of the person's plural, who needs help to improve the quality of life. And that's why we have to listen. And when we come up with a solution of the problem, again, it's not about a box with a hearing aid in it. It must actually be a total solution, which they really need and are looking for.

Look, this is, in my methodology, proven, successful structure of an assessment meeting. It starts somewhere. I call that opening the call. I do not address all those boxes. As a first phase, it's shaking hands and please take a seat.

Can you serve you a drink? And then you open it. The assessment meeting. Formally. In my trainings, we spend some 30 minutes on that subject.

Only. The second phase, I call. This is the information question phase, where we also do the hearing test. Or if you want the clinical hearing test, it's information questions. Like, for instance, what I often like to ask, why are we here today?

Or what brought you here? Or what about the medical questions, about the ears, operations and whatsoever. If you have done that and you need to do that, you have standards in your country about that, or in your state, then we would go into the need analysis. In the need analysis, we ask those open end probing questions. And we also try to create needs.

Creating needs is like. I understand what you said about the television. I find it a pity that after all this year being married, that you have frequent fights because of the tv. But I think we'll ask a couple of more questions. But I think we can solve that problem.

That you don't have fights anymore because of the tv. If a spouse or the client, or the patient reacts like, oh, that would be fine. I didn't know that this is possible. With a rather simple solution, then you have created a need. In my concept, my training, this is a big subject, because it's very important that needs are created, of course, not manipulated, but on an individual basis.

After we have learned a lot, enough, we bring out our advice and with one goal, that the client, the patient accepts to start an experience period. I call it by intention, an experience period. And not a test period or a trial period. It's much, much more than that. And it's very important.

So that gives you probably now the impression, oh, then we have to open the code. And we do that and we do that and we can close. No, it's not as simple as that. This is pure self psychology. And it's actually very complicated.

You might come very far. They accept everything. And suddenly, when you brought out the advice, they say, yes, okay, I see, I need that. But what if. And that means that we are symbolically put back to an earlier phase and I have to come back, I have to go through all those.

So with that, I don't want to say, look, you just have to do it like that. It's very simple. And then they die. No, it's rather complicated and very important that this is done based on person centered care and that this is done very, very serious. So in my model, I want to show you that it's much more in detail.

In my model, I use what I call the cozy forms, own developed cozy forms based on my many, many years of experiences with hearing aid dispensers. The cozy forms visualize what you want to convince them about how you can help. It's more important than that. They also help to handle objection or concerns. I will go into that later.

Just give me a minute. Why the open ended probing questions? It's again an iceberg. Because above the waterline.

Above the waterline is what the patient client thinks is relevant or urgent or necessary or whatsoever. And I can tell you a lot of clients, patients new for hearing aids, find themselves that it is not necessary. You know that better than I do. They claim, now it's the others, it's not me. My ears were always good.

I'm 75 years, never had a problem with ears. So they deny because they don't know better. It's not bad persons. They just don't know better. But a little bit underneath the waterline, symbolically, is what you think is relevant or urgent based on the first questions you ask, the audiogram, the language test, the word test, but you don't know any details.

So that's why you really have to go deeper, that you learn needs and even hidden needs. Hidden needs are hearing person is not aware about that and or spouse is not aware about that, that this might be urgent, relevant or necessary. So that's why the open ended probing questions is actually asking them on the individual basis, not according to a script. Is actually no manipulative, ethical selling or with other words, a very important part of it. So what open ended questions do I have to ask them?

What can I ask? Look, senior experts which master that they don't even think about that. It's like a Dr. Phil in the tv shows. I know it's a tv show, but when you hear him asking open ended probing questions, that's fantastic how he does it, because we can learn a lot about that.

He just asks it based on the situation, based on the papers he has from the clients. But with every patient, he asked open ended questions, although he knows in beforehand what the treatment would be. And this is my recommendation to ask those four or five open ended questions. Almost all have a tv or watch tv if they are still mobile, even with the mobile scooter. They do something in the spare time.

Most of us have social activities, never learn a person who has no friends, Relatives or whatsoever. So most of them have. And as we are Human Beings, we love to listen to music. So those four, and there are much more if they are still working, if they're not pensioned, you might ask totally different Open Questions. But those open Questions make that they talk, that they tell about what's important for them or give Hints what might be important to them.

I said four or five. The fifth question is the tinnitus Question. In the anamnesis part, in the information question part, at least here in Europe, it's a duty. They have to ask, do you hear a peep or a sound or a rush in your ears? 50% says yes, I do, 50% says my experience, 50% says no, no problem with that.

And what do the experts do? They put it down on paper, type it into the tv screen or do whatever they want, but they don't come back on that. And this is very important that if they say yes, I hear people in my ears, that later on, in the Neat analysis, you might ask them the open ended Probing Questions. May I ask you, what is this peep, which we call tinnitus doing to you again, 50% says, I can live with that, but 50% has Bigger Concerns about that. Some say it irritates me very much that they can't sleep at night.

So try to bring up later on a solution for that. The minimum solution is what I also have in my hearing AIDS is the tinnitus masker, which where I'm very, very happy about it, that it gives me a beach sound, believe it or not, via my Apple Watch. Sometimes I switch that tinnitus Masker on in the middle of a personal coaching or in the middle of a training, because listen to it, 20, 30 seconds and I don't hear the Peep anymore. So what helps me might also help your patients. So always address that tinnitus question.

So this is about the open ended Probing questions. But we are not there yet. If they say, what are you doing in your spare time? They might answer, yeah, my wife has five sisters, five brothers. That's really.

So with my wife. So we go to birthday parties quite frequently throughout the year. Okay, birthday parties, but that doesn't say anything. That's why you have to ask when you ask an open ended questions, what I called it, tell me more questions, because you need to learn much more about that. For instance, and this is not the script for instance, it's very on an individual basis.

We have to learn arguments and facts, how we can help. Tell me more about that or why is it important to you to go to birthday parties? It's all based on the person which is in front of you. And not standard questions, but also confirm sometimes if you heard something. So if I got you right, this is important for you.

Did I understand that correctly? So they will say yes or no and they are much more tell me more questions. It would also be nice if of professional. Not nice, professional. If after you have learned enough that you summarize.

But depending on the assessment meeting, it might be very wise to now and then summarize. Did I got that right? This is very urgent. We have to work on. And they will say yes.

Most of the time they say yes, but then they get the feeling he or she understands me. There's something more important about asking open ended questions, because asking open ended questions, like a physician, like a doctor, like a psychiatrist, gives the patient the feeling I'm the most important person here in the room because he or she asked me very interesting stuff. So they like it. And that definitely, if you do so on an empathic way, that definitely makes you the expert. So in my training workshop we go through, as I said, these open ended questions because they are very important.

After I've built up trust and I've learned a lot, I come up with an advice. And my advice with advices is. It's funny, only give one advice. You have listened to them and you understood how you could help. They confirmed yes, that would really help us.

It would really be happy. The created needs. If this is solved, if we don't have that, it's out of the world. So give one advice to go into an experience, period. Why one advice?

If you come up with, oh, this searing aid solution would solve the problem, but this as well. Don't do that, because by doing so, you unconsciously invite the client to make a choice. You invite them to choose between two solutions, but you are the expert. You should come up all of it. One, because what would happen if you come up with two?

Most of them ask what do they cost? And then they would naturally choose the cheaper solution. And maybe you say that would not really help them, but then you can't go back. So ask individual open ended questions. Individual tell me more questions.

Learn the facts to improve the quality of life and arguments the quality of life. If you do so, I can guarantee you that you build up the trust with the clients, with most of your clients, that's my experience looking back on about 2500 personal coachings the past 17 years, building up trust and address individual needs, hidden needs, and coming up with individual facts and arguments why they should go for an experience period. For what you advised, that helps you, believe it or not, that objections and concerns do not raise at all. This is my experience. I can prove that audiologists who follow that and really address that and asking good questions and behaving empathically, they say what they want to go for, what the next step would be, the experience period, and objections do not occur at all.

And that's interesting because most of sales training, by the way, I end up doing sales training, I call it business development training workshop which creates client fans. It's interesting that my competitors, they put the focus on handling objections and on closing and on questioning techniques. And I must say by doing so focus on techniques. Most of them are manipulative, so I can't recommend that. So if you are not doing the need analysis and create need, it makes handling objections if they occur very easily, because you can reflect on arguments and facts.

If you don't have those, handling objections will be really a nightmare. Believe me, that and most of salespersons, not only audiologists, are afraid of handling objections. So I have a simpler recipe. Just avoid them. Just be smart, be sympathetic, empathic, and do a very good job.

So let me summarize what we went through in brief. I know it's a rush. Train a little bit. What I told you is much more behind it. So define your own practice, ethical standards and make that your personnel or yourself are living them daily.

So why not putting them on the wall so that even clients can see them? It's not wrong at all. Don't talk about the device or a price or a model. See the total picture, which is symbolically underneath the water level. Try to stick on the principles of person centered care.

Learn that if you're not, if not applying it yet, try always to involve spouses family members in the assessment meeting and later on. That's the part number two in my concept training workshop, also in the experience periods, because they play a very important role. Learn to do a professional need analysis if you are not doing yet. And try to put a focus also on hidden needs involving spouses family members. Base your advice on the learned individual arguments and facts and or needs created because most of them will say yes.

And I can tell you, I can prove that regardless what the investment is, the price or cost of the hearing aids, because that makes them see it's necessary. We need that. So put in all what you do in your practice. I want to win the trust of those I can help and I want to help them. I have a high standard in regarding services and I want that they recommend me.

This is creating client fans because when they do the word of mouth they bring in new clients. They will recommend you regardless what the price was. And in businesses you need that. So this would make you standing out from competitors and I think you really deserve that. All of you put a joke, you might hang that up.

I can find that on the Internet. Google. It's nice jokes. Patients laugh to see that hobby would say, yeah, I'm that person. And spouse, female spouse says yes, I was right.

So it's good that we made that point. So that brings me to the end of it. At the end, if you want to learn more about what I do, just find me on Internet. Go to my ethical selling foundation website or just look me up on Facebook. It's a page non manipulative ethical selling.

I try to keep it advertisement free. So what I post there and my friends post there is really audiology stuff. You can scan the QR code. If you want to get in contact with me, just email me [oliverfrontborchel at gmail](mailto:oliverfrontborchel@gmail.com). So it was a pleasure that you had the patience to listen to me.

So I would love to answer some questions.

If you agree on that, I go into the questions Anna Main wrote, you noted that one patients who receive high end hearing aids are more satisfied. Is it correct that this is not consistent, robust finding among all studies? That's a good one. That's a good one. Because this is, as I said, is not based on a study and I know those studies.

It is based on my own experiences, experiences internationally. While I did this, approximately 2500 personal coachings. This is what I learned from the end client. And I know there are studies, but the studies use different models how to measure that. And I respect that how they measure that.

But I always say, yeah, an individual person has an individual opinion about which hearing aid helps that person better, this one or this one. So I hope that answers your question on the main, otherwise you might mail me and answer it. You noted that

hearing aids can slow the progression of dementia. Is it true that only a few studies have shown this only in a subset of participants? Absolutely true.

My daughter is a PhD in Melbourne in Australia, not an audiologist. And she said to really research that it needs a worldwide study. But there are different studies. They came up, started, I think pre Covid times. I read the first one.

They don't prove it, but they are researching it. And the first results show that it might delay dementia and might delay other health issues, but they cannot at the moment. It is so. And I use it like that. Okay, then.

Thank you very much. If there are not more you. Thank you. Thank you so much, Oliver.