Going for the Goal:
Relating COSI Goals to Features and Benefits
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- And welcome today to a presentation that I hope is very, you know, meaningful to you, and that is something that's a topic on everybody's mind today. This is called "Going for the Goal: Relating COSI Goals to Features and Benefits." When I was putting this together, you know, this was months ago, and I really didn't have any kind of clue or thought that the timing for the presentation could have been more appropriate with everything going on with the World Cup at the moment. So I hope that you got your feel for going for the goal and seeing some of those goals being reached, and, you know, we'll see if we can keep the soccer analogies a little bit to a minimum today.

But I couldn't refuse. So today what I wanna do before getting into the nuts and bolts of the presentation is I did wanna do a little warmup exercise. Anna had mentioned in the opening here about the Q&A. And that's a great place to send your questions in and you can ask some questions and hopefully I'll have some time to either address them as we go, or I'll try to get a little bit of time at the end to kind of touch base on those things. There's also another thing that I wanted to do just to see if we can get some interaction going on. So I wanna pose the question to everybody here, and you can put your hand up, you can raise your hand, I believe it's through part of the chat function.

So if you wanna go and take a look at that and see if you can find this area where you're gonna put your hand up. And I'm gonna do just a little bit of a quick poll here. The question that I wanna test out with today is, are you somewhere cold? If so, put your hand up. Okay, so I'm seeing a couple hands coming up already, so, fantastic. Okay, that seems to work wonderfully then. You can put your hand down. And it seems like we're all in a place where we're pretty cold at the moment. I'm here in Chicago and so yeah, I'm looking out the window and there's a lot of snow on the ground, which is fantastic.

White Christmas around the corner here. But yeah, so, okay, well we're all cold, in that case then, and I'll try to keep puns to a minimum of today, but also I can't refuse. Grab a cup of coffee and, you know, get COSI in this cold weather. Oh boy, yeah, dad jokes abound here today, so. I'm glad to see that the raised hands are working. There's gonna be a section where we're gonna come back to that in a little bit. So I wanna lead here somewhat purposefully in this presentation and talk a little bit about Phonak and kind of our history here with 75 years of innovation, being an industry leader, rolling out a couple of platforms recently with Marvel, where we had love at first sound, Paradise that built upon that.

And then the latest and greatest was Lumity. And of course, you know, all of these things are done always with the goal of trying to make sure that patients and individuals using our technology, that their needs, the main thing that they want, consumers looking for hearing instruments, are met. And so one of the things that we continuously see here is that speech understanding when somebody is talking from a certain distance or with one-on-one conversations, speaking without visual cues, having speech that's soft, making sure that that has some enhancement to it, are some of those main things that we've heard from consumers that they want in hearing instruments. And so that leads us to our latest and greatest platform that you've maybe heard about if you've worked with Phonak before.

And I bring this up because when we talk about matching features to benefits, this is the platform that we're going to be referring to throughout the day. So the Lumity portfolio with, you know, Lumity rechargeable, rechargeable with a T-coil, and also our Life products. And we can get them in all of these different, yeah, different colors here for your patients, depending on what's most important to them. So I wanted to lead with that to kind of illustrate two points here. One of which to let you know, kind of an actual framework for today's presentation to say we're gonna be looking at features within the Lumity portfolio. But then also when we switch over and think about learning

objectives is, what I did right there is something that I think personally I tend to do a lot, and I think sometimes I was just visiting some offices within the last couple of weeks and I see these things regularly that a lot of times in the industry we start with the technology, and so I want try to break that paradigm a little bit and show you, you know, just what I did there was I think something that a lot of times folks lead with in the clinic.

And here I started to talk a lot about Phonak, the brand, the technology, all important good things, but we didn't do anything to identify the goals of you on the call today. What are your goals for this session? What are the things that are important to you? And, you know, if we do that in our fitting sessions, then we can wind up having, you know, scenarios where conversations don't go so well. So the key of that little exercise there was to remind ourselves that it's important to start and identify hearing goals that are patient-focused, needs-based and measurable and achievable. That's, I think, kind of you gotta be the spot where we'll spend a lot of time today.

And then of course it's choosing which features to describe based on those goals, you know, so that's the most important thing too, is we gotta make sure that not only do we have that right conversation upfront, but then when we start choosing technology and building a counseling narrative around that, that we continue to pull that thread through. And then the last learning objective today is for you to be able to describe strategies for follow up. You know, that includes the valuation, kind of it completes the circle so when they come back, you're looking at these things and, you know, remembering what's important to them from the goal perspective. So I'm gonna be mindful of time. Here's our time-ordered agenda.

I'm gonna spend just a couple minutes on verification and validation and then get into, you know, building the best goals, how that ties into product selection. We'll talk about matching their lifestyle considerations to the technologies, touch base a little bit on a

review of some basic fitting strategies, and then this follow-up concept, not only from the in-person sessions, but also with remote support. So normally when I give this presentation, it's usually kind of around like an hour and a half, so I'm kind of condensing things a little bit. And I'm gonna try to get all of our stuff in with some time for questions at the end. So without further ado, verification and validation, I feel, and maybe this is again myself because this is a topic that I'll go around and lecture a lot about either on AudiologyOnline, I'll do a shameless plug.

There's a course that I've given before called "Getting Real-Ear About Fitting Protocols." You can find that in the archives here and then I'm sure I'll probably do it again in the next couple of months or so. But verification, I think, is a hot topic in the industry and it always has been because it's one of those things that we can continue to learn more about, continue to get better about doing, but it's only half the story here, right? So verification answers that question: is technology working? And from my perspective, I feel a little bit as though the validation piece is the part that's kind of the lost art in the profession of hearing care these days.

This answers the question of is the technology actually beneficial? So is it work? Verification? Real-Ear Measurements? Yes, check the box. Now, you can use that to build great clinical narratives as well. There's a lot of information that you can get from doing verification. But it only answers half that question. We need to tie these things back. And I think one of the things that helps us do that and helps us be mindful with it is to remember that this part always starts with a conversation, right? And so I wanna do a little bit of empathy building here because the magic happens when we look and we recognize that the things that we need to communicate and the things that we have on our agendas are also oftentimes on the mind of the folks that are coming to see us.

When we build a shared experience around that, then the conversation tends to run smoothly. And, you know, even just recently, it's like I've seen some things happen

where if that first step isn't taken the right way, that then, you know, the follow-up conversations wind up, you know, just going the wrong direction pretty fast. In this presentation, this is gonna be pretty subjective stuff, but if you're into the objective research, a couple of articles that really influenced my thinking on this topic were ones by Graham Naylor and colleagues that looked at the counseling narrative and how, you know, language and how things like that influenced outcomes. And this is the type of stuff that there is a great body of literature out there that kind of drives how much the conversation can influence these things.

So with our empathy building experience, what I wanna do is I wanna get you into the clinic right now, get you kind of outside of the computer screen, and have a think. So this is where that raise the hand tool is gonna come back in. And I want you to pause for a second and ask yourself the question of, with every new evaluation that you have, what are the questions that are in your mind? And I'm gonna put some of these up on the screen here and I want you to put your hand up and then you can bring it back down if these are the things that you're thinking about and wondering. Some of them I think are gonna be kind of, you know, no brainers, you know, I'm hoping that some hands go up for each of them and then others, you know, might be a bit more challenging.

But let's see, kind of, you know, where you fall in these. So when you're thinking about the next patient that you're seeing and when you're thinking about the questions that are in your mind with these folks, do you oftentimes wonder like, what does this patient need to know? A quick show of hands. Does anybody have that sense showing up? Good. Okay. So I'm seeing a couple of people. Fantastic. Next one, if you wanna put those down, that's wonderful. How about who else is on my schedule today? Does that one pop up at all? So, and this I think is fairly anonymous. I can see them, but we can't, okay, good. So few folks are thinking about the day ahead, you know, am I going to have enough time?

Is that one that kind of pops up on our heads? Yeah, so time, I think kind of no matter where you're working these days, time is always of the essence and it's a big one. What is and what's not on the intake form, you know, do we start to look at the individuals that are coming in terms of the check boxes? Yeah, good. So I'm seeing a few folks that show up there. Did they come by themselves? What are the family dynamics? Right? So those are ones that, it's not almost even a question you can sort of see right off the bat, you know, who are they coming in with? Do they have a caretaker along with them?

How about this one: is my equipment functioning? Is all the stuff up to date? You know, so I'm seeing a couple hands going up, although I can kind of gauge a little bit from the cadence. This was one I guess everybody has their equipment fully calibrated and everything's ready to go. So not too much of a concern from the folks on the call here. But it shows us a little bit about, you know, the first question with what does the patient need to know? And then, you know, who else is on the schedule? Am I gonna have enough time? Is my equipment functioning up to date? Those are easy spots to kind of let your mind wander a little bit and turn your focus away from the person sitting across from you.

Well, you know, back to agendas and things like that, and this is where the empathy building comes in, is, yeah, you definitely have to pause and think for a moment and say, what are the questions that are gonna be on the minds of your patients? So same exercise. And let's see how often, you know, we have the same thing. So when you think the patients come in to see you, are they wondering, "How's my hearing?" Absolutely, yes. So I see a couple hands shoot up right away. That's probably the number one thing that comes in there. One of the things where I think that the gap occurs and you know, all the stuff that's out there about like how you explain the audiogram and what language you use to help connect with these folks, it's so

important because we all know the lingo, we all talk the talk, we know what things are important, but that connection point between practitioner and patient can oftentimes be a bit challenging, 'cause they don't know what the testing's gonna be like, so how often do you think, you know, we've heard this manifest itself?

I see a few people putting hands up on this one, so a little bit less, I always kinda get the comment after sessions where it's like, "Oh, I've never had my hearing tested like this before." And I think that's one of those things where, you know, their expectations are out there, but they're unsure what things are gonna be like. How about am I getting a good deal? Are folks being price conscious when they're coming and getting services? Yeah, a couple hands are going up there. That's probably one of those ones that's oftentimes, you know, right out there front and center. Am I getting the service that I expect, you know, from HCPs, you know, and especially like with the changes today with Medicare and looking at some of those softer skills, those office things that, you know, make sure that practitioners are evaluated not just on their technical abilities but also in how they communicate, I think really ties into this one.

Do you think they're also already wondering about what kind of hearing aid will I get? What am I gonna need? You know, the solution minded, they're already starting there. And then this other one about am I really having problems or is this just a nagging family? You know, somebody nagging the patient with that one. So I put the questions up side by side here to kind of begin to make a little bit of a link here between when you couple, what does the patient need to know? And the things here about like how good or bad is my hearing, you know, did they come by themselves or can I address the family dynamic aspect of it?

Those are the parts where we can make a connection. And the ones that aren't highlighted here or highlighted a little bit less are those places where we can be mindful and begin to avoid, you know, having those conversations and getting into those

communication traps. And so it's great 'cause in the polls I could see oftentimes people were saying, "Oh yeah, that's a number one thing that's definitely out there." And then other times people were a little bit slow to respond and thinking, well, okay, maybe that's not so much of a conversation. It's either in my mind or that I think my patient is gonna be curious about. So as I mentioned, time is of the essence, and so we have to be able to build these conversations through trusts, give and take and constantly reevaluating what do they need to know and what do I need to communicate out to them.

And so prioritization is key in these conversations. And to that end, it's one of these things thinking a lot about what needs to be addressed first. How can I learn or answer things as we go, and am I asking questions at the right time? And to that end, going back to the idea of putting you in that mind space of being in the clinic at the moment, this is one of those things of like, you know, I always love coming and working with clinicians or observing clinicians who are, you know, giving instructions and sort of setting the stage for the next part of the process right there while they're putting the inserts in, or they're starting to do the hearing test or even kind of explaining a little bit about why they test with words because of, you know, communication things as they're going through the process.

That type of stuff I think leads to efficiencies that just help make that experience far less clinical and way more personal. So the idea here with this is to kind of, you know, the big question that I have is, you know, how often are different needs assessment tools and techniques being used in the clinic and versus how much are we kind of relying on the technology and the technicalities of things to kind of fill in that gap for us a little bit. I once was giving a presentation and there was a clinician who was listening as I was talking through some of these softer skill things and she made a comment about she felt that she just knew what was going on with the patient without them having to say anything.

And I think if you could do that, that's amazing. I think that's like being able to mind read or something. For myself when I'm working with folks I like to be a little bit more tangible, hands-on, writing things down. And so these next couple of slides here hopefully will give you some tools and techniques if you fall more a bit on my side, maybe your intuition is a little bit less refined and that sort of a thing. But this is the stuff that I think helps us guide conversations from the very general to something being very specific. Let me lead with an example before I put up the next slide. When I was prepping for the talk, you know, here we go, HIPAA violations all over the place, but my father uses hearing aids, he's given me permission to talk about him in these sessions and stuff like that.

And I said to my dad, I said, "Hey, when you go out and get hearing aids, what's the goal for you for using these things?" And the number one thing that he said, and then I asked a couple of other family members and people in my, you know, general vicinity, "So what do you think a hearing goal is?" And the answer is always to hear better. And I've seen it time and time again. I look on intake forms and stuff like that. A great place to start, but it's not something that's like building your house on sand, you know, the foundation just isn't there to be able to have a meaning conversation about features and benefits, how things are useful and how they can get better over time.

So this is kind of all about, this section's now all about taking that, hey, I wanna hear better and beginning to add the necessary detail to it. So a patient-focused goal here, in my mind, and if you, you know, I work for a company, maybe you've gone through this training before, but SMART goals is kind of a good analogy to think about with these things. I interpret a patient-focused goal as being something that's specific, right? So if the common goal is to hear better, you know, we need to look at the patient and say, what are the specific things? You know, who do you wanna hear better? What, do you need to hear something better in order to do your job well?

Is it hearing the sound that a machine is making or something like that? Those sorts of things begin to refine I wanna hear better into something that's much more applicable that you can use to drive a feature discussion with. Is there a problem that they're looking to solve? Something like that again, adds some specificity to it. So that's what we would say is a patient-focused goal here. Something that's very focused on the individual. Needs-based, I think is probably the one that in the profession of hearing care tends to be probably the most challenging, because this is the part that makes the goal real for people. In my opinion, this is a bit more of answering the question of the why, who, what, where, when, those are all those specifics, but this one's the thing about what makes the goal real.

You know? These can be challenging conversations to have, I must admit, you know, as I go out and visit, work with people, continue to see people with hearing loss. And the reason why I find it challenging is because you're asking folks about their emotions, their feelings, and what's really in it for them. And it's a conversation that can oftentimes... We've all had these experiences, but these are the times when the Kleenex comes out. This is the part where sort of that, again, that process of healing transcends getting a hearing instrument or being able to match a target and begins to have that moment of, oh, this person in healthcare gets me. You know, they know what's going on, they understand why I'm really here.

You know, it's not just transactional. So the examples of these are on the screen here where it says, "I need to hear better because it damages my relationships." That's a tricky thing to bring up, you know? "The hearing loss causes me to withdraw from certain types of social situations." How about this one? "I can't be effective in my job." You know, employment is on the line. These are things that, you know, get to the core of identity, you know, how well they can provide for themselves or family members, you know, all that sort of stuff. So the needs based part of it is important. If I were a

batten man and if you agree with me, you can raise your hand or what have you, but I suspect that this is probably the part of the conversation that's most challenging in all of this.

So, I saw a couple of hands popping up there, so. Measurable and achievable, I think are the ones that, these are good things to kind of keep in your back pocket and to think a little bit about. I think these are maybe a little bit more of the easy ones to grapple with, you know, 'cause we've got tools for this sort of stuff. Sometimes it winds up being the case where certain techniques might be a little outside of your comfort zone for thinking about how am I gonna bring this up to a patient? How is this meaningful? How's it gonna go when I see them back later on? And that sort of a thing. So this answers the question of how will you know that they've reached the goal?

What tools do you need to measure success? So here you've got stuff like you can do things, like I want you to keep the hearing aids on for, you know, 12 hours a day or something like that. Maybe it's even less. I want you to get used to using the hearing aids for two hours a day, and then you can track that in data logging. So that's an awesome way to kind of go back and do that whole thing about who came in with them, what's the family dynamic like. This is that concept of, you know, talk with the family and try to establish goals that are meaningful in the situation. Objective performance tests. These can be things probably a little bit more, I lean towards like your ans with, you know, aided test results as a form of validation so that you can see how they're performing in a kind of, you know, laboratory condition that has some good face validity to it.

But then you can say, all right, you talked about having a noisy situation being the main thing that was problematic to you. Let's put you in this contrived environment and see how well you improve or how you do as a result of this. You get some troubleshooting information with that too. Okay, last soccer analogy of the day, I promise here. But let's

go back and kind of review this a little bit. And I'm gonna give a case example to round out this section and think a bit about an example of an ideal goal. We began with to hear better. That's the one that everybody comes in with. "Hey, why are you here today?" "Well, of course I want to hear better."

Next up, a good goal would be, "Well, I wanna hear conversations better." Okay, you're getting there, a better goal. "I wanna hear conversations with my spouse, my partner, whoever it is, somebody else that I'm talking with." All right, now for this next one. Now, I'm gonna set the bar high and if you can pick up with this one when you get out there, when you get back to seeing patients in the clinic, if you can go here then this is awesome. I think this is a challenge. But this is an example of a goal that starts to put all of these things together in there. And I'm gonna go through and highlight how this statement has kind of all of those different pieces involved in it.

I think if I can, I'm gonna see if I can do a little laser pointer here. So here we go. The best goal is to be aware of conversations. So this is a bit of the what and the how. This one speaks about, I just wanna be aware, you know, I don't need to hear every word. I think that's an important part of a goal like this too, is to set that realistic expectations. We've got our who, here, with, I wanna hear these conversations with my spouse. We've got some when about any time and some where at home, and some further detail about regardless of the noise. And then here's our measurable and achievable. I wanna be able to respond appropriately.

And then here's our why, to diffuse the family arguments. You know, this is that part that speaks a bit more towards, you know, I'm doing this in order to make sure that the relationships improve. So that's the idea. Let's walk it through again in a little bit more of a tangible example here. And if you can get there with it, then you've got all these things baked into the conversations that you can use to build on that conversation and have a great fitting experience. So I'm getting you back into your clinic mindset.

Whenever somebody shows up through your door, you know, and we never wanna, you know, judge books by their covers or anything like that, but I'm gonna just put this picture of this person up here appear on the screen for you, and you might already be making certain inferences about them and stuff, is that's what we do.

We're kind of wired to have that kind of thing where once we start to meet people, then we think, okay, well, is this, that or the other thing. So this person comes in, you know nothing about this human being, you know nothing about the person sitting across from you until you start to have that conversation. And maybe on the intake form, she writes down a little bit about this as she wants to be more aware of what people are saying in one-on-one conversations. Maybe also she says, "I want to be able to have great focus on the conversation when I'm in a noisy place like a restaurant." And then this last one, hmm, this is a bit odd.

Okay, what does this mean? "I want music to sound clear and crisp when I'm performing music," okay? So you might see that on a case history form if you're asking folks about what their needs are before you have the conversation. Now, maybe many of you save this towards the end, and so I've kind of, you know, changed it around a little bit. But when we're working with folks we never see the whole picture at the beginning. We're always getting just little glimpses and learning more and evolving our conversation as we go. So what with this particular case here, what you come to find out is that, okay, well, so she's a 54-year-old female. She just tried a personal amplifier because she heard, you know, family and friends, she's heard the news about OTC and all this stuff that's going on.

And she found that there was a lot of times that she was asking what, and that she's withdrawing from noisy situations. She's highlighted that she struggles to hear speech in certain areas with high background noise. And the personal amplifier helped, and it gave her kind of an insight to it, but she needed to get more out of the technology. And

then she also is a lifelong musician with a lot of loud sounds playing guitar and piano in bands. And then she indicated that when she played that these personal amplifiers made kind of a coloring to the sound quality that are out there. So here's some examples then of, you know, how people, and I would say that those goals that I listed on the front end of the conversation are probably already beautifully and wonderfully refined goals.

I think we all could agree that if every patient walked in and had that as the baseline, your conversations might already start off at a more highly elevated level. They usually start off at, I wanna hear better. But for the interest of time and the presentation, kind of truncated and gave you some nice building blocks. But we've already seen how you have kind of some generalities, you saw a face, you met a person, you got a little bit of detail about what was important to them and then you have a conversation that helps refine some of those characteristics, but we're still not quite there yet. So I ask you what statements would you want to go deeper on?

What are the things that you want to learn a little bit more about? So we can go back to those goals and the conversation might look a little something like this. Well, she said she wanted to hear people better in one-on-one. So, "Okay, which people do you wanna hear?" And, you know, she says, "Okay, well, my husband." How will you know if this is better? You know, and this is in reference to that comment that I made a few moments ago about trying to think about, you know, what are the techniques that you use to track these things, you know, and some of the stuff that usually comes up in conversations is, "Well, you know, he always teases me that I say what all the time."

You know, that's something that I think sometimes we do intrinsically, but then also when you add hearing loss on top of it, that becomes a major, major problem. So then, okay, here's a goal, let's see if we can reduce the number of whats throughout the day. So think a little bit about how many times are you saying that? And this also changes

the focus maybe a little bit away from the technology, and thinks a little bit of it more from the strategy of, all right, what could we do? Does this have to do with mindfulness? Does this have to do with are you actually present in the conversation, or is your mind thinking about the 96 other things that you're have to do throughout the day?

And that can be a really good, you know, mindset to get into because then when they come back, it becomes less about, well, the hearing aid didn't work here or it didn't work there, but it begins to focus on some of the behaviors that needed change on top of it. Another follow up of one of her goals was about hearing a noisy situation, so "Tell me about those noisy situations." "Okay, you know, restaurants, parties." Sounds glib, but it also too says, you know, oh, I don't work at a gymnasium or where I'm, you know, my job depends on these noisy situations, being able to carry on a conversation in an echoey place. So it already begins kind of giving you a point of view for what solutions might be best for this person.

You can follow up a little bit with, "Do you have a specific place in mind?" And "Oh, yeah, sure, we always eat at Steve's Place. And, you know, we have these family parties. it can be hard to focus on family and friends." So here again, you can begin to think about, you know, tailoring that goal around, you know, focusing abilities and things like that, less about, you know, was the gain set highly enough for something like that. The last one here is a little bit about what does this mean, clear and crisp, when you're talking about music? You know, music is one of those things that can be so subjective that nailing that down can be a very challenging conversation to have.

And so here she says, "Well, that personal amplifier earpiece, just, you know, made everything sound weird. You know, it was just, like, I needed it to be more transparent." Here the why might be about, you know, about enjoying that scenario. So here's a few more collection of some improved goals based upon that conversation. And so here

you could say, "I would like to ask for repetitions from my husband less often throughout the day. Would like to have that transparent listening experience where my guitar and piano sound natural when performing at the local jazz club. I would like to be able to focus on conversations and have an easier time. I want hearing to be easy when at the favorite noisy restaurant like Steve's Space."

And then "I'd like to be able to focus on conversations with family members during birthdays and holiday gatherings." So this is one of those things where, you know, we're really looking at all of the different opportunities for how to link the goal into their actual day-to-day lives. However, I've left one thing off on each one of these. Let's see if anybody is kind of thinking about this in the back of their heads already. The one thing that's not in here at all was I didn't add in the why, you know? So I think for each one of these you could go back and start to fill these in as needed. When you're talking about, "I wanna have those repetitions from my husband less often," because of the impact that saying what has on that person's relationship.

"I used to enjoy playing guitar and piano at the local jazz club. Now it becomes a burden, you know, or it becomes not enjoyable. I want to enjoy this much more because I get so much out of that in my life." So though the whys aren't included here to give you the opportunity to kind of go back and reflect on how you have those conversations and how you can build that into your counseling sessions more effectively. Alright, let's switch gears for kind of the back half of the presentation. We talked about achieving goals, or not achieving them but setting them up to have a great conversation. The challenge becomes having all of these features come to life across all of the different stuff that's available through the technology.

We're used to seeing these graphs, like what you see on the screen here with features and the different technology levels. And oftentimes there's like, you know, 20 plus features. Do you have to go through and review all 20 of these? No, you never have the

right amount of time. So we have to ask, you know, okay, well, where do we begin? And that starting point is the person's goals, right? I had the opportunity to work a bit in a research lab and I was running some tests on hearing aids, and so this was a very, a kind of open environment where people could come in and ask questions and there was no kind of concern of being part of the sales program or something like that, or no barriers that were put up.

And this one test patient came to me and she said, "I was just down the street and the person said, these are the best hearing aids that are out there, but they could never tell me why. They just said, 'You should get these because they're the best.'" And then this was just one of those lucky experiences and hopefully I can pass this along to you if you're not doing it, maybe if you're the person down the street who says, I'll just get these 'cause they're the best. I happened to switch into this mode here and I said, "Well, tell me what do you need hearing aids for in the first place?" She said, "Well, really need to be able to understand phone calls."

I said, "Okay, perfect." Here's the story. This was a couple years ago, but so at the time I said, "Okay, well, hearing aids are designed to be able to handle phone calls, but they do them in different ways. So a very common piece of technology is a telecoil. So you can start there, but then you have to push this button to activate the telecoil. So oftentimes a more premium product has an automatic telecoil, you lift it up and you can hear the sounds better and it's easy to use. And then the kind of the top of the line ones have these great feedback suppression systems, you know, where you put the phone up, it doesn't whistle at all, and you can handle it and you get no whistling and the sound quality is wonderful, blah blah, blah."

She sits back and says, "Fantastic, you just explained to me what the trade-offs are, what the best and, you know, you gave a lot of detail to let me know what, you know, how the features work. And then last but not least, you tied it to the main reason that

I'm here in the first place." And that was this moment of education for me where it was like, okay, fantastic, this is, I think a lot of times we wind up glossing over certain things and not tying them back to this key starting point being the explicit goals that were brought up during the sessions. So if we go back to the case example, there was a moment in there where she said something about being able to hear in background noise, "and I want it to be easy."

So this is that part where now we switch modes a little bit and say, okay, you've got a a need here. What's the feature that can map to that benefit? So for our Phonak Lumity technology, this is a key one with AutoSense OS 5.0. So this is our automatic system that orchestrates all these different features to balance comfort. And then we've got our speech understanding with SmartSpeech technology. So this is that kind of thing of like tying it back to the goal of wanting to have less whats throughout her day. This is a clear win because it should be that you can move throughout your environment throughout the day and always be in a program, always be in a setting.

The patients don't know what programs are, that sort of a thing. That's something that they learn after going through the scenario here. And hey, let's look and see do your whats go down, you know, if they come back and they say, "Well, it did go down I and asked what less, but there were still these times when," then you can start to have conversations about, well, maybe a manual program is, you know, a good way to do this or starting off and letting the process of fitting follow through that way can be a key way of making sure that you're mindful of the journey that they're on from starting with the goal, getting technology to help achieve it and then getting the outcome that they desire.

So otherwise if you kind of lead with, hey, we've got Phonak Lumity and there's AutoSense OS 5.0, and they're just already kind of shutting down and saying, this person's not listening to why I'm really here in the first place, they're just trying to tell

me that this is the best because. But these features do have an intended need that we need to map to help drive those conversations. Going along that same line here is the patient, and we saw this in the case example before, was "I wanna hear better in a noisy place." So of course, you know, this is the type of thing where we go back to SmartSpeech technology and you go back to making it easy and you say, all right, well, we've got these new features in this hearing aid here that have StereoZoom 2.0 and SpeechSensor.

Now, this is the part where language, you know, has such an important play on how folks interpret and use the language to go onward. So I'm gonna kind of switch gears a little bit here and say this is maybe something where for an experienced user you can talk about smoother, smarter and stronger. We try to, you know, frame our features right now in a way that's conversational so that it becomes easy for you to be able to pick up and carry these conversations on with patients when you're back in the clinic. So smoother, smarter, stronger could also apply to, if their baseline is life without hearing aids, where you could say, okay, here's some technology that will make it smoother for you to hear in noisy situations.

They'll make it smarter, it'll be easier for you to listen and it'll strengthen the way that your hearing works by being able to give you access to those sounds. Now, from an audiologic perspective, you know, what's going on here, and from a technology perspective, the smoother activation is really about how it switches from one program to the next. The smarter aspect of it is the noise levels that trigger these things to turn off and on. And then the stronger piece of it is how much you can fine tune these things to give the best sound quality in those very noisy situations. So here this is about a smooth transition, you know, when they're in the noisy restaurant, when they go to Steve's Place, it will transition smoothly, so smoothly then you probably didn't even notice it happening on the screen there.

I think it went a little bit too fast even for me. And then you've got the noise level dependent activation, but then the smart aspect of it too, or I'm sorry, the stronger aspect of it is that you're able to fine tune it and get to even a narrower form of beam forming. And then with SpeechSensor, you know, we hear a lot about, you know, tunnel hearing and how much we can, when we focus in the front, we're cutting out the stuff from back sides, but the latest and greatest technology also seeks to balance that. So SpeechSensor is part of the feature set that will allow the patient to not only focus in on the front, but then when the noise level changes, it will steer that directional beam so that it moves into other areas around the patient's head.

So, you know, for example, they're looking at the person and they're in the directional beam, hey, everything is great. But as soon as they begin to pull their, you know, physical direction away from that, it goes away. But SpeechSensor continues to monitor this and it creates this 360 degree picture through this exchange of information so that in these scenarios the beam form can be steered over to the other side allowing for access to that sound, so. Again, this is the technical operation. It's constantly listening, it's constantly monitoring what's going on around them, creates that 360 degree environment and then it allows for the accurate detection of all these things. That's a lot of detail for a patient to really understand and, you know, as we talk through it, we can talk about the signal-to-noise ratio benefits and the more access to reduced listening effort.

And I think that's probably the key is as we take all those technical items and roll them back to case examples is this is the part where it will be easier for them to listen and hear in those very noisy situations. And so again, you can go back and track this through some form of journaling maybe or doing some of those in the booth sound tests in order to make sure that goals have been reached functionally by testing and that sort of a thing. Another shout out here for hearing in background noises. That's the other thing is when you start to align this, you can say, okay, we've gone as far as we

can go with the directional microphone system and now it's time to talk a little bit about how Roger technology can enhance that ability to hear at a distance and to hearing background noise even more effectively than before.

PartnerMic is the same sort of a thing. Here it's like you've got the one-to-one conversation. When I work with patients with Roger, the things that I hear about are how much the technology improves people's, hold on, I'm getting technical on it, how the technology makes it really easy for people to hear in those environments. And so that has all of, you know, the high fidelity audio processing that will steer the directional beam, and, you know, allow for all of these different things. But of course it comes at a premium, you know, so PartnerMic is a way of kind of introducing folks to the idea of having an extra microphone or remote microphone. Make it easy to use, make it specifically for those one-to-one situations, and that might be particularly salient depending on what the needs of the individuals are.

I'd be remiss if I didn't say this because although I didn't bring it up in the case example from earlier, but hearing on the phone, hearing on computers, Bluetooth connectivity is like this thing that everybody comes in, and I'm gonna tee this up for a case example. And the final part about follow-up scenarios, is that having this kind of connectivity seems to just be sort of like, it's just, you gotta have it, it's the baseline these days. So Made for All allows, again, this for it to be an easy opportunity to pair, to pair to so many different devices, not just phones here, but thinking about computers, gaming systems, things that are really, really important to a lot of folks that you would never know about unless you have that right conversation on the front end.

Okay, now we've got just a couple minutes left here, so I wanna kind of come back around and focus a bit on these strategies for you've identified the goals of the conversation, you've made some great decisions about what features are important to the person and then, you know, build that into your counseling narrative so that it's a

smooth transition from, okay, here's the reason why we're talking about it, this is why it's the best hearing aid for me. So the end part here is tying this back to verification and validation. So we talked about how, you know, verification is making sure that it hits these functional targets. Without it, you'll never have that key piece of information.

If someone is saying, you know, "I'm not getting the most out of this hearing aid," well, if you're not verifying then you don't know if there's something technically wrong with it that you can use to build a stronger foundation for the fitting. And then of course, without the validation part about it, you'll know, oh hey, targets are met, but hey, if they don't like it then this is not a good situation for them. So there's a couple of things that, you know, just to kind of come back to the exam and stuff for the CEU part about it. Hopefully I made it clear, like, one of the most important things is to find out what's important to the patient in order to drive a good fitting process.

There's a couple questions about sound quality and for basic verification. And I'll go back to that presentation about Real-Ear Measurements: "Getting real with fitting protocols." I'll do a much deeper dive of that here. But remember that, you know, matching target is all about making sure that these different components are balanced into a great fitting process. And if you don't get this part right, then all of those goals again, they're set up on shaky ground. So remember that, you know, when you're running verification, when you're setting up the hearing instrument for long-term use, you know, balancing and choosing the best dome option will be influenced and will have an influence on the personal comfort, the sound quality, and then also being able to match those targets.

So what that means is you might be looking through some of these things and saying, hey, you know, I wanna make sure that I'm giving this person full-on audibility so that all those things that they talked about on the subjective side of it come to fruition. But so, you know, start off with making that best guess about doing your power level and

coupling. Setting your gain, you're setting your global gain slider up to 100% and then run your feedback tests to see where these things fall. So here, if you find out that the feedback test, you know, significantly intersects with the gain curves, try that different acoustic coupling. That's key. That's another one of those things that I just wanna touch on here today.

And then also sometimes you see results like this where you get that kind of V shape in there, almost like a bathtub shape, and that can trigger you to say like, okay, this receiver's not even fitting absolutely correctly there. So we've got some features that again, are beneficial to you, not so much to the ultimate end user of the device. But over-tuning can be used to overcome some of that. And I think for more information, you know, check out that Real-Ear talk. And then after that you can go through and complete all the verification steps in order to make sure that you're getting this right for meeting goals in the long run. At that point I think it's a little bit important to consider how you're gonna frame the verification experience.

So, and I bring that up from the vantage point of goal setting with saying, once you've done your verification technique and you've got all your goals lined up, this is the type of thing of do you say to your patients, you now have the best possible hearing in order for you to go to match those goals, and if you've met target already? Or do you start them off through adaptation management, say, okay, this is our goal for hearing, let's see how you work just with the basics of getting it in your ear and keeping it there for the entire day. So these are some things that are important to think about the framing of the verification experience so that then when you're trying to make sure that your goals are met, you're keeping an eye on that part of the puzzle as well.

We do have some tools and techniques in order to help bridge that gap and do things either remotely or in person. So in person, a lot of times when folks come in, you troubleshoot the device and look for any kind of physical malfunctioning or something

like that. You can get some secondhand stories about listening experience, and then you can use your target software to hopefully educate or inspire and then you can simulate those listening scenarios to troubleshoot and align expectations. And those are all great techniques to use. However, you can also do some of this stuff through remote support. So you can be with them and kind of of trial this stuff in the actual physical space.

You can make adjustments while they're working with other conversation partners. You can see the layout of the room, see what the room acoustics are like and see what's really challenging about the situation. And this can help reduce that psychological stress and make sure that they're hearing it their best. So I want to remind you that this idea of focusing through the app to be able to make these remote adjustments is all done through the app. So this is another one of those things that says, alright, you've set up your goals, you've got your features and benefits lined up, you fit the hearing aid correctly, you have to spend a little bit of time trading on the app to make sure that you can do this because all of these remote services come through that part of the system.

So it's important to kind of think a little bit about how you blend that remote and in-person experience in order to provide the best possible follow-up experiences for the patients. So let's do one last case study, and then I think I'll have time for some questions. So I'll shortcut a couple of things here. We're gonna say that this particular case is 70 years old. She's recently retired but still volunteers at preschools for virtual meetings. She's unsatisfied with previous hearing aids due to sound quality. Sound quality from video chatting and TV streaming is key for her. She wants to upgrade the old hearing aids and she likes to have this kind of streaming when listening to television kind of a thing.

Here's our audiogram, and then we'll kind of truncate that goal conversation to say that we've already, you know, gone through and had a good conversation and arrived at

these goals here. So wanting to hear our grandkids when video chatting on the iPad, wanting to hear speech more clearly, and then wanting to hear my partner's voice more comfortably when we're out at our weekly lunch date. So the thing about this too is here, again, I've left the why off for you. So in these cases you can go back and think a little bit, but what would be the thing that I would ask to find out about this. Here with, you know, streaming clearly on the iPad and stuff, that has a key component of being important for her work, her volunteer work, right?

So you might think a little bit about like, okay, I'm gonna fit Phonak Lumity for sound quality. I know that she wanted clear and crisp sound quality for streaming media and speech. So I can find those two individually. She can have independently tuned Bluetooth phone programs and then all of this can be fine tuned based on her situational needs. So when she comes into the office, you find out that she's thrilled with the hearing aids overall, but her responsibilities when volunteering have become a little bit more difficult and she notices this rushing sound in the environment and also that some soft-spoken colleagues are difficult to hear. So what would you do at the moment? And how could you leverage remote support?

Well, in some of these situations you might wind up doing things that are specific in the clinic to change things like a speech boost feature or change the gain for soft sounds and maybe low frequencies or something like that. But you have the unfortunate trade off of perhaps it doesn't work or perhaps it makes the general sound quality worse. So here you could apply a remote support strategy to meet up and have this conversation with the soft-spoken individual in the room and use their voice to help guide the adjustments. And so in each one of these, there's some pros and cons. Of course, it's about spending some more time training on the devices to make sure they know how the app works and then it's about scheduling time where they can meet, you know, in that real world scenario.

But oftentimes the crossover between that truncates and save time in the long run to lead to just a better fitting experience overall. Alright, so we're just about at our time today. We've gone through essentially what is a fitting journey here where we started with how to have a great conversation to align goals. We talked about Phonak Lumity in order to kind of match those features that are specific to this technology, to the benefits that will help your patients going forward. Now, we went through, and here's that fitting journey again kind of lined up here where we start with the counseling, and the goal setting and the communication strategies. We have to spend a little bit of time in our fitting process, getting into the Phonak app, looking at accessories in Roger.

But when we do this, then we have the ability to make sure that the importance of validation is set up, and the art of goal setting is... Oh, my slides went a little bit too fast for me. Verification still continues to be an integral part of this entire process, and then we can leverage that experience through remote support going forward. I am just at about an hour right now, so I will hang out for a few minutes. I didn't see any questions coming through in the Q&A section, but I would like to take this opportunity to say thank you so very much for your time and attention during this busy holiday season. Happy holidays to all of you. And I will hang out for a few minutes if there are any questions that you have. Thanks again. Have a good day.