Counseling Techniques Supporting Standard of Care

Presenter: Amanda Greenwell, AuD

- [Amanda] Hello there, my name is Amanda Greenwell. I am the education and training specialist for the southeast region of Oticon. I am so excited to be here with you today as we talk about counseling techniques supporting standard of care. Now, before we get into the meat of our discussion for today, let's talk about what we're expecting you to get from this hour. So after the course, our hope is that you be able to identify the steps to uncover patient needs, be able to list the benefits of core BrainHearing technologies in common language, and be able to discuss advanced technology in simple language related to everyday life situations. It's my goal to incorporate these throughout our conversation today.

So let's get started. Before we talk about how we recommend to do this and how to talk to different types of patients, I want you to think about what the word counseling means to you. And as a hearing care provider, how do you view your role in counseling your patient about technology? Back in 2004, there was this counseling book by Clark and English, and in that book they reported that as a group, hearing care providers and audiologists especially were really good at content counseling. Meaning that, you know, we're great about talking about the technical aspects of hearing care and hearing aid technology, but we're not always great or comfortable with managing patient feeling statements. The idea being that we wouldn't necessarily explain technology to our patients the same way we would a colleague.

However, today we know that hearing care providers have to be comfortable in both of those areas for patients to start developing that trusting relationship with you and have confidence in the hearing instrument solution that you are recommending for them. Now, I would guess, it looks like we have a great group today, which is amazing, I would suspect that some of you feel very comfortable in both of these areas. You know, experience helps with that a lot, and there may be others who are looking for some new ideas. And that's why you're here and why I'm here today. We wanna be there to support you when you discuss and recommend our hearing instruments to

your patients. Our mission at Oticon is to challenge convention and push the limits of technology to change the lives of people with hearing loss.

We are built around people, yet leading in technology. It's my favorite thing. In addition to that, we have this very long history of developing patient counseling materials. Our goal is to make them easy for you to use, to work and help support your hearing instrument technology discussion with your patients. They're truly there to assist and act as a second form of your patient hearing or seeing that information. They're really to assist in relaying the potential impacts of untreated hearing loss, laying the foundation for what a hearing solution should provide, which many don't really understand, right? If you don't have experience with it, you don't know what a hearing solution should provide. And then making that strong standard of care recommendation that your patient can feel confident choosing.

So how do we get started with that? We start by building trust. And what does building trust really mean? You know, one of the things we're going to be talking about is how important trust is for this particular demographic. So when does that start? When do you start to build that trusting relationship with a patient? Is it when a new patient schedules their first appointment? Or when they walk in for their first appointment? Or maybe it's when they visit your website or call to schedule an appointment? How do you continue to build a relationship, a trusting relationship with your patient when they've purchased, you know, their hearing aid four or five years ago? There's quite a bit of research on this topic, and the importance of starting to build trust from the moment that patient is even aware of you and your practice.

It's a long process, it's an important process, and for this particular demographic, it means everything. Research has shown up to 50% of new patients visit two or more providers before they make a decision. So whether you are first, or maybe not, how do you differentiate yourself as a hearing healthcare expert in your community? By

differentiating what sets you apart from other choices, you can give new patients the confidence that you're the right professional to take this journey with them. And your current patients, they get continued confidence that you're going to be there with them when they're ready for their next pair of devices. You know, without this differentiation, consumers or patients only have limited information about what they can easily understand, such as the shiny thing, you know, what does it look like, and how much does it cost?

The information they get from other sources is also a mix of misinformation, which I'm sure you've probably already encountered. Or maybe it's partial information. And none of that usually results in confidence to make an informed decision on hearing care that will result in a good outcome. Our goal is to be able to provide information to a patient to help them feel comfortable and confident in the decision they make at the end. So what information is important to them? What do patients want to know? As someone who spent her first career as a teacher, I love that we start the discussion by education. You know, from the moment a friend or doctor recommends you, to their first encounter with your office, maybe when they visit the website, or call the office, or they walk in to schedule something, what do you think resonates with patients to make an appointment with you?

Do you think they want additional information before their appointment? What options do you think, you know, do you think they want to have to help them focus on the information that's important and will help lay that foundation for a positive experience with you? Well, it's a lot to think about. You know, according to a recent Ida Institute poll of 116 people with hearing loss and 61 hearing care providers, they found that one relatively easy opportunity to improve hearing care may actually lie in that pre-appointment information. They're interested in information so that they can be more prepared for their appointment, and so that you as their provider have information about them, including their goals and needs. They also found that 54% of patients

would also like information on hearing aids, including manufacturer brochures, prior to their appointment.

So that's a lot to kind of think about, right? They want information to feel prepared. We want information as the provider so that we're prepared for the appointment. So let's see what we have to help. We have a variety of patient education brochures that can be mailed, emailed, or given to patients in the office. All of them are designed with simple language, and help to focus patients on what is important when they're thinking about their communication challenges, and whether or not to pursue amplification. Think of these as ways to build the foundation of your discussion, keeping in mind that many patients need to hear something multiple times before they are comfortable with moving forward, or maybe even before they believe it.

But if you think about our patients, many times they have heard this from their physician, they've heard it from you when you tested their hearing, now if you provide them a resource to look at outside of their appointment, they're gonna hear it again, or read it again. There's nothing wrong with getting information more than one time. Something different sinks in every single time. So here are a few examples of some of these. And I think it's important to mention these are also non-product specific, which is really great. So here are a few examples. In our "Preparing for your visit," we find some keywords that resonate with your new patients. Your ears and your brain form a system and work together.

There's a lot of really good information here just in this paragraph, but in the entire brochure as well. Another example of a lot of simple positive language is our "Hearing with your brain" brochure, which you may be familiar with. This is always a popular brochure as brain health has been and continues to be a hot topic with patients. You know, helping, you see here, helping your brain make sense of sound. Then look at the statement at the bottom, that second paragraph. It says, "Experience better hearing

with less effort, by choosing a hearing solution that supports the whole system: your two ears, and your brain." It's a reference to what your hearing instrument solution should provide. There's also several Did you know?

boxes throughout the brochure to focus the reader's attention to important details. Like, "Your brain processes and interprets the sounds your ears detect. The fewer details of sound the brain receives, the harder it has to work to make sense of it." As with the first brochure, you can make this available to your patients, or use that language and use it to assist in your discussions. It's really, really wonderful way to be able to educate patients on hearing loss in general and what to expect, because this is very foreign to many of our patients. As I mentioned with "Preparing for your visit" and "Hearing with your brain," those are just two options.

Here are a couple of additional options that we have. "Your hearing illuminated" and "Communication is a two-way street," which talks about effective listening and communication strategies, not only for the patient but for their friends and family as well. If you have a MyOticon log-in, you can download the PDF of these brochures to see which ones you feel would be beneficial. Or you know, reach out to one of us, your trainer, your account manager, your inside sales rep, and we can get some things sent to you and see what you like. But we can absolutely order those for you. So we've talked about non-product specific brochures, but our product brochures are also designed with simple language and keeping the focus on our BrainHearing message, so they focus on what the hearing solution should provide.

You know, we saw in that study from the Ida Institute that 54% of patients do want manufacturer product brochures. So we have made sure that in the development of these brochures, they are using that patient-friendly simple language and giving an insight into what a hearing solution should provide. They're designed to have information that's going to resonate with any patient, whether they're getting their first

pair of hearing aids or their fourth. So we've talked non-product specific brochures, then product specific, but what other ways can you educate your patients? And a great way is through posters, or displays as well, but whether you use them in your waiting room or in a fitting room, you can tailor what information you want to convey.

So here are a few of our available posters. Hearing Care is Health Care on the far left-hand side, Oticon BrainHearing technology in the center, and then on the far right-hand side we have a poster on OTC versus prescription hearing aids. It can also be with any of these or additional posters that we have a available, it can be a way to get your patients thinking about what's important before you start that discussion. So I want you to think for a moment, as we get started on this discussion of uncovering needs, I want you to think about how you currently uncover needs and expectations. Are you actually uncovering information that's going to help you assist that patient in making that informed decision?

And do you think that the conversation should differ between a new patient and an experienced user? You know, our goal is to review some easy practical ways you can save time and be more effective with these conversations, starting with uncovering needs and expectations, and then moving into making a strong standard of care recommendation your patient will feel confident choosing. Or if they're not quite ready to take that next step, you can talk to them and keep them in contact with you so when they are ready, you are the professional they choose for their hearing care. Because we know that it's important to see patients as individuals. However, in a busy clinic, it is easy to get into a routine, you know, approaching every conversation essentially the same way.

Our research over the years indicates that a more tailored approach considering the patient's mindset, tying that recommendation back to their challenges with benefits, and using simple, clear, positive language and counseling tools can impact the

effectiveness of counseling positively, and it's going to allow you to save some time. Because I would suspect that most of you, whether you've fit hearing aids for a year or 40 years, you probably start your conversation by uncovering needs and wanting to understand your patient's expectations. And it's probably like that, whether they're in for a hearing aid consultation or they're in for a follow-up or a clean and check. We have to understand what they are actually needing from this appointment and what they're expecting to get on the other end.

Nothing is different when it comes to talking about a hearing aid consultation. We need to understand what their needs are and what they're expecting from a solution. So let's start our discussion by looking at the typical types of patients you encounter most days, what's important to them, and what expectations they may have going into the appointment. So typically in most clinics, the time you have to discuss technology with a patient is probably pretty short. You have tested and evaluated enough patients that you know what challenges a patient will have. When you see many of those quote unquote "typical audiograms," you know what information already you want to relay. So a lot of times we'll jump right in without a lot of consideration for what that patient on the other side of the desk from us may actually be experiencing.

And none of this is with ill intent. It's all in good intentions, but sometimes this quote can be very true: "Most people do not listen with the intent to understand; they listen what the intent to reply." Stephen Covey's quote there is a little too true sometimes. In our efforts to stay on time and move things along, we don't always take the time to let the patient share their story, share their challenges, share their concerns with us. In reality, if we were to stop and step back just a little bit and listen intently to what they had to say, engage them in a short conversation using simple positive language and counseling tools, we might actually save more time than we anticipated.

Because there's also a pretty nice byproduct of this, especially with new patients, as you see here from Bryant McGill, "One of the most sincere forms of respect is actually listening to what another has to say." You know, we've already talked a little bit about trust and respect, and how important it is with this demographic. It's important that you develop a relationship with the patient, and that they trust you to provide their hearing care. And knowing that listening is a form of respect, and the most sincere form of respect, being able to utilize a way in which you listen to what they have to say and not jumping the gun, it can go a long way in building that trusting relationship with a patient.

So let's start talking about our profiles. So our first profile is our new user. And I would suspect that many of you, we've got a large crowd today, which is great, many of you see multiple new patients, maybe even every day, but probably every week if not every day, and you have an idea what their audiogram will most likely reveal, as soon as you finish the case history. But if we were to look deeper into their mindset, there could be a lot below the surface that they have not shared with us. There are also things we know about this patient group that could make your discussions regarding technology more productive. So keep in mind that much of the noise these patients hear and read is about the shiny things, what the hearing aid looks like and how much it costs.

From our research into that first-time user, we learned some interesting things about their perspective. So here are the important details about their mindset before we go a little bit further about some things that could be hiding under the surface. You know, as a new user, they realistically may not know what to really expect, and therefore may expect a cure, a quick fix. And that means that their expectations may be extremely high or unrealistic, because they don't know, right? They have not been there, they have not had the experience of using amplification in the past. It's also the Information Age. So these patients have tons of information at their fingertips all the time. They have googled, they have read reviews, they have talked to friends and family, they've

been in Facebook groups, and now they've come to you to get your professional opinion and recommendation.

But with this, and being in the age and the world of having information at your fingertips all the time, from the very first moment they have an interaction with your practice, either on the website, or a phone call, or just walking in the office, it needs to be a positive experience. Knowing this information will go a long way in building that trusting relationship with your patient. But remember, what a patient says may not fill us in on everything they're concerned or hiding below the surface, because what you see here are four general categories for your new users. Every first-time user won't always fall neatly into one of these categories. However, these are fairly typical. We have the willing, conflicted, normalizing, and suspicious categories.

Each one has their own concern that they may be hiding just below the surface. They aren't specifically verbalizing, but could impact their decision to move forward with your recommendation. For example, under the willing category, the patient may verbalize, "I know I have a problem. Let's do this!" But what that could actually mean is that they don't understand the process that is involved. It could mean that. Maybe they do understand that and they are ready to go, but this is definitely something for you to think about when you hear that. It could be that they have unrealistic expectations. Similar things are seen throughout the other three categories. The conflicted are patients in denial who really don't think they have a problem with hearing.

Our normalizing patients think it's normal for them to have hearing loss as they get older, not realizing how much of the world and conversations they're missing out on. Our suspicious patients are the patients who are suspicious about you, your intentions, and if the benefits are actually going to be worth it. So think return on investment. Are those benefits actually going to be worth the amount that they're paying? So what else do we know about first-time users? It's very possible they're going to have a lot of

questions and concerns. They've read things online, they've seen what other people have said, and so they've come to you with these questions and these concerns, and they're looking for your input, and they're looking for someone they can trust, which is why having that first interaction, whether it be on the phone, your website, or walking in to schedule an appointment, it has to go well.

So think about what will be important to this group, and how they're going to approach that evaluation. We want to make sure that we're using the right words, because the words we use definitely matter, and they change the tone. We wanna keep it simple and positive. We want to keep it educational, but focus on those benefits to that specific patient, and tie them back to who and what is important to them. So we know, and I've already mentioned a couple of times, the importance of the words and the language we use, and knowing the mindset of the new user and understanding the concerns they may have hiding under the surface, what can we do to help?

You know, Oticon has a long history of building everything we do on solid research and evidence. Understanding patients and their mindset has been part of that research for many, many years. Our research does show that the language we use does make a difference, and we're gonna talk about that in just a minute. Topics that are every day for us as providers can be very difficult and overwhelming for new patients. Discussing their hearing test and hearing loss and recommending hearing instruments, all of that can be overwhelming. Stopping and thinking about the language we use, and incorporating simple tools to get them talking and involved in the conversation can bring information to light that you never imagined they were thinking, but they weren't telling you.

And part of these discussions, especially with new users, we need to start using open-ended questions. So open-ended questions can give you insights and help you understand what information your patient has accessed prior to their visit with you.

'Cause as we said, they've googled, they've been in Facebook groups, they've read reviews, they've already seen a lot of information, and we wanna get an idea of what kind of information they've seen and heard. So as you can tell from these questions, we're going to gather information, not only about their history, but also try to access information that can help us in making a recommendation. So everything from talking about why we're testing or hearing today to gather motivation, all the way down to asking about budget.

This isn't necessarily something that we wanna focus on now, but when it comes time for the recommendation, having that information, and an idea of where they are financially and budget wise, and what they're expecting, can help a lot in how we approach that recommendation. So I've said several times now that we need to think about positive language, patient-centered language, and we saw on our new patient profile that we need a positive experience. And so knowing that many new users are not happy about being in your office, how can we make subtle changes to make a big difference to the patient? So after completing the hearing evaluation, how can we incorporate more positive language as we start to discuss the results and a potential solution?

I'm gonna show you words you were most likely trained to use that can have a negative connotation. And then examples of alternative words that are more positive, you might consider using. Remember we're thinking about these from the patient's perspective. You know, these are not how you were trained. Most people with hearing loss probably know they're having difficulties even before you test them. That doesn't mean that they're willing to admit it, or that they're in your office willingly. If the first visit to your office needs to go well, and the words we use matter, think about the impact of the words on the right. While they may not be what you were trained to use, what if making that slight change to your verbiage made it less intimidating, made it less overwhelming, made it an overall more welcoming experience for your patient?

That's a huge win. It does take a little practice to change your wording, but the impact is definitely worth it. You can see the difference in conversations. I've had practices that I've worked with that have changed this after we've discussed this, and they have seen an immediate change in the body language and the response from their patients. So you're having this discussion with a patient, and you're curious how it's going, because you can't read them. Let's look at a simple tool you can use with new users during the evaluation called The Line. It comes from the motivational interviewing counseling technique. It's a simple effective tool based on a line and two questions focused on importance and confidence.

You may have seen this tool in our Genie 2 software and wondered how to use it. So that's why we're here to talk about it today. You can also get more information about it from the Ida Institute. This can be done several different ways. You can put it on a piece of paper and print it out. You can incorporate it into your intake or case history form, or you can casually do this by just drawing a line on a piece of paper and asking your patient the questions while you're having your discussion. If you do it the last way, you're doing it together with the patient, it's important that you have the patient put their mark on the line instead of doing it for them.

So here is how it works, and I'll explain why that's important here in just a minute. Here's how it works. If you're my patient, I might say something like this: "I wanna get an idea about how you're feeling about our conversation so far. How important is it for you to improve your hearing?" Then as the patient, you would put an X on the line between 0 and 10. Then I might approach the second question, it can be a couple of different ways, but I might say, "How confident are you that getting hearing devices is right for you?" Or "How confident are you in your ability to manage and take care of hearing devices if they're recommended for you?"

The first question allows us to assess how important your patient feels it is for them to improve their hearing. And the second helps you appraise how confident they are that they can follow through with whatever recommended treatment you have for them. Have them, or as if you were the patient, mark on the line. And then you can ask why they chose a specific number. It's important that you remain neutral though, instead of judging, why they chose this particular number. But you can ask follow up questions like, "What would it take to increase your score from four to eight?" Or "What can I do to help you go from four to eight?" We just wanna listen carefully to your patient's responses.

Avoid telling them that their responses or their concerns are unfounded, because they're very real to them. It's their expression about how they're feeling. But the line, as simple as it is, can give you very valuable information, you know, about your patient's mindset and their concerns really quickly, because you now have the opportunity to discuss all the issues that they've raised. And that can go a long way in building that trusting relationship with the patient. So we've talked about our new user, but how do things change when it comes to an experienced user who's been wearing hearing aids for maybe several years? These patients learn a lot during the time that they've used their hearing aids. You know, the mindset has now transitioned to being on a journey.

They understand that there's not a quick fix, and they even appreciate the benefits that hearing aids have provided for them. So whether this will be their second or their fourth pair of devices, there's certain things that they will want to know before they invest in new technology. So from our research into the mindset of these experienced users, we know that they do consider it a journey, right? Hearing aids are a part of their life now. If they get new devices, they have to provide new benefits. While they may be positive about their experience with amplification so far, they do have worries. They're thinking about new technology so they can continue to engage in life. They don't wanna fall

behind, or start to struggle in certain listening situations, if they know new technology will keep that from happening.

Many experienced patients wanna hear about new technology, even if they're not quite ready to purchase yet. They want to know what's available, and they want to hear it from you. So when do you approach that discussion about new technology? We all know the statistics on the average life of a hearing instrument, and MarkeTrak research tells us that the older a hearing instrument is, user satisfaction generally goes down. So when is the best time to recommend new hearing instruments to your experienced users? And do you factor in what they may be telling you they wanna know about new technology? Now there's simple ways that your current patients, you can update them on new technology. And many of you probably have patients come back for annual evaluations or regular clean and checks, which those are all great times to be able to introduce possible technology through demos.

However, you know, have you considered other ways you might incorporate discussions or demos so your patients can make an informed decision about when they're comfortable replacing their current technology? What you see here are some things your patients may say or situations that may lead you to that technology discussion. Everything from them verbally saying that they wanna hear about it, to being able to showcase new things in a newsletter, or when their devices are being repaired, to be able to give them new technology. I know a lot of providers do that already and it's a great way to do it. So, many of these situations also offer you the opportunity to ask additional questions to determine if your patient would benefit from what new technology may actually offer, new features.

Some patients willingly will tell you their wishlist of things that they wish hearing instruments could do better, but not all of your patients are going to do that. So they're not all going to make it that easy. So checking in with your patients periodically when

they're in your office is going to make that situation easier to manage, to determine if they're ready to hear about or try new technology. Of course, every practice has a few patients who always want to keep up, even if they purchased their new devices more recently. Here are some ways in which you could introduce the topic of new technology: "Are there still situations where you wish your hearing aids would help more?" "Can you describe what's happening in more detail?" "You've been telling me about X, Y, and Z experience, or situation, or environment where you've been struggling."

Those are ways to be able to bring back up the topic if the patient hasn't necessarily brought it up to you. Now it would be great if every situation were easy, and everything we've mentioned worked with every single patient, but we all know that isn't always the case. Many hearing care providers struggle with the detail-oriented patients, and they've asked us if we have any insights to make these conversations more effective. I'm here to tell you: we do. In our minds, we call them difficult. However, it's really about understanding their mindset as a detail-oriented person.

Now our detail-oriented patients are patients who generally have jobs where details are imperative. They might be your engineers, your accountants, your lawyers, things where details are things they focus on a regular basis. And you're probably thinking of patients in your practice right now, and the hair on the back of your neck may actually be standing up just thinking about a technology discussion with them. We have a perspective that might seem different, but when you think about it, it has the possibility to make these discussions go a little more smoothly. If you've fit hearing aids for any length of time, you have definitely seen patients like this, and depending on the location of your practice, you may encounter them on a regular basis.

Or maybe not, maybe only occasionally. I don't have to tell you what's important to this particular patient. They want the details. And they may want to show you how much

they know. The thing is is they think that details will help them understand what they want to know better, and they may even try to compare what you say to what they know. But think about what I just said. They think the details they are asking for will help them understand what they want to know better. So our approach is slightly different in that, we want to give them details, but we wanna give them the details, the right details that will help move them forward. You know, while in many instances this patient may be a new user, they could also be an experienced user.

So the suggestions we're gonna talk about, they could be things that you could adjust and use for your next recommendation for this type of patient as well. So I said we wanna talk about giving them the right details, because that's what they're craving. They want details, so let's give them details. But we're going to choose the details we give them. So these are some of our key areas that we want to focus on to help this conversation go a little easier. So your patient knows a lot about their specific career field or career path. If they know a lot about that, you know a lot about hearing loss. Spend time discussing the audiogram, discussing hearing loss, discussing what happens.

Even discuss the speech in noise problem. This is where you can give them details, but these are all the type of details that they need in order to move forward in making a decision or feeling confident with your recommendation. Talk to them about the situations where they struggle, speech in noise problem. Tie your recommendation and benefits back to those. Let this patient know, especially when you're talking about Oticon, that we develop our signal processing strategies uniquely within the industry because we understand the challenges of sensorineural hearing loss. Explain, you know, the signal processing strategy, if you understand how it works, there's totally a great time with this patient to be able to discuss that. And then of course, turn that discussion back to the type of problems that patient is facing, and focus on design

principles within our instruments that have been put in place to address those needs specifically.

Of course, some of these patients, especially our detail-oriented patients, will still try to force you down into details. However, if you can keep this list in mind, you might have a better shot at keeping them focused on what is important, why you recommend our devices, and the benefits they provide. Regardless of whether your discussion was with a new patient or an experienced user, establishing communication goals will be an important part of the process as you make your recommendation for their hearing solution. Probably one of the most used tools for establishing needs is COSI. And you may have used it or you may know it very well. And understanding who and what is important in their life, as we all know, is critical to that discussion and to your recommendation.

For your detail-oriented patients, utilizing something like a COSI could also be a great way to keep that conversation on track, not diving into irrelevant details that don't help lead to a decision. So how do you start that discussion before making that recommendation? That's the question. Over the years we've done significant research regarding important elements for discussing technology and making that strong professional recommendation to patients. Our research indicates that these topics and this order have the potential for resulting in more patients feeling confident they have the information they need to take that next step in their hearing care journey. And of course, you know, I love this, it starts with education first. If we don't focus their attention on what matters before we make a recommendation, how will they know what should be important in the first place?

So here's the path we're going to follow as we look at some of our tools and statements you may find beneficial. It starts with discussing hearing as a healthcare issue, and the implications of untreated hearing loss. Using our BrainHearing

philosophy and statements so they understand we hear with our brains, and how hearing loss disrupts the normal relationship between the ear and the brain. Educating them on what a hearing solution should provide. You know, when they understand this first, the benefits of the solution you recommend are going to make a lot more sense to them. Simple positive language focused on benefits and tailored to the needs of that specific patient you're seeing, whether they be a new patient, experienced user, or detail oriented, but giving your patient an educational foundation, your professional recommendation is more likely to be received in a positive light because they have the foundation.

And of course we wanna tie that back to who and what is important to them. So discussing the long legacy Oticon has for how we research and develop our technology and devices can be a beneficial discussion with many patients. It can reassure them that you partner with us because we have a common goal. So here are some key elements you might include. Discussing sensorineural hearing loss and how it affects the brain's ability to organize sound, especially when it comes to listening and complex environments. Talking about Oticon developing innovative technology that is designed to support and respect how the brain works. The goal is for your patient to be able to extract precise information out of a situation where the sounds are blurry, are hard to understand.

We know that this is a challenge for the brain, because it's difficult for people with hearing loss to cope with noise. Again, it's a loss of organization, and traditional directionality only focuses in front of the user. This approach of course has been around for many, many years, and it has documented benefits, but it also has a long list of limitations as well. Oticon's unique approach to signal processing opens up that environment, and it allows access to all distinct speech from all directions, without the limitations of traditional directionality. And of course we have proven the benefits outperform traditional hearing aid technology. So before we talk about discussing

Oticon Real with specific types of patients, let's talk about some benefit statements that differentiate Oticon Real from traditional hearing aids.

These are more technical in nature. They actually refer to the deep neural network. So three of our more technical benefit statements would be like: Unlike traditional hearing aids, Oticon Real more works, excuse me, works more like the brain works, or Oticon Real includes a deep neural network trained with 12 million real-life sounds, or This built-in intelligence ensures each individual sound is delivered with detail and clarity. But if you're looking for something a little more simplistic, it could be easier for you to incorporate what makes Oticon Real different. Here are some examples of that: "Mimics the way the brain processes sound," or "Gives access to all meaningful sound." "Improves your ability to easily focus," or "Proven to reduce listening effort."

All of these are giving you a benefit, and short and sweet and to the point, which can make things a lot easier to incorporate and make a lasting impression with patients. So think about those patient profiles we discussed: our new user, our experienced user, and our detail-oriented user. How much information does a patient really want to know? And of course that will depend on their mindset, of course. I think most of us have had the opportunity or the experience of giving the patient too much information, and then getting that deer-in-the-headlights looked, excuse me, headlights look. An overwhelmed mine does absolutely nothing. So being able to truly listen and understand how much information that patient needs to make that decision is something you'll probably have to learn through experience, if you haven't figured it out already.

So let's focus on the framework of the discussion for new patients, and our experienced users as well. We already talked quite a bit about our detail-oriented patient, to get them focused on what's important. Some of the benefit statements we'll discuss, and the Oticon Real counseling tool, may be helpful to keep this patient

focused on how signal processing was developed for hearing aids, and how our approach is so different, and being able to tie that back to their particular challenges. So let's start with our new user. For people with hearing loss coming to you for their first pair of hearing instruments, we continue to recommend you follow the outline our research has shown resonates with them.

So they wanna age well, and brain health is very important, it's a hot topic right now with a lot of our patients. Starting with our BrainHearing philosophy, focusing on how we hear and what the brain needs to make sense of sound, remains the best place to really start that conversation. Then moving on to the impact of untreated hearing loss and what a hearing instrument solution should do. And then finally, making a strong recommendation for Oticon Real, focused on the benefits that tie back to their specific challenges and BrainHearing. Rather than using a lifestyle guide or a professional product feature matrix designed to educate providers, we designed a counseling tool that uses language and visuals patients will understand.

So the counseling tool always follows our educational formats that's proven to be effective in assisting patients to make that informed decision to follow through with your recommendation. You may not need to use every page in every situation. You can kind of choose what you need, depending on the individual situation and how much that particular patient needs to know or understand. So let's walk through what's available, and how the conversation might go with a new patient. This page is designed for you to reinforce the message, "We hear with our brain, not our ears." There are three statements on this page for you to use to reinforce what happens when our hearing is normal. So on the left-hand side it says, "Both of your ears work together to pick up sound occurring around you."

And then on the right-hand side at the bottom, "Your ears convert sound into nerve impulses that travel to your brain, which needs as much sound detail as possible to

turn these sounds into meaning." And then lastly, just above that, "Your brain makes sense of sound by matching them to sounds stored in your memory." A lot of patients don't quite understand how hearing works, and the importance of continuing that stimulation through amplification. So having that discussion can really help. The next page discusses quality of life and the implications of untreated hearing loss. The page is based on research available about untreated hearing loss. However, as you can see, we did make a slight change to make the statement more positive about taking action so you can protect your quality of life.

And then the next page is what I like to call the light bulb moment page. This is designed to help your patients understand what happens to the information your brain receives when you do have hearing loss. You'll see at the bottom from left to right: "Your brain receives less sound information. This makes it harder for your brain to recognize sounds. Having to guess what people are saying forces you to concentrate harder." This is about the time when your patient says, "This is me, I have a problem." And the light bulb goes off, because they realize everything they have been experiencing that they may have been able to, you know, have an excuse for thinking that, you know, someone wasn't talking loud enough, or they were mumbling, or they're just extra tired for another reason, all of this makes sense to them now.

There is a reason that they're tired and fatigued. There's a reason that they're missing out of information. And of course, we then wanna lay the groundwork for what a hearing solution should provide before we make our standard of care recommendation. Remember, if we don't give patients a foundation for what their solution should do, they'll look at what is easy to understand, which we know, is what it looks like and how much it costs, or that misinformation that they maybe have received from friends, family, or the internet. So once you've laid all that groundwork, making that strong standard of care recommendation for Oticon Real, it's going to make sense for your patient. You've laid that foundation. They now understand why you talked about how

we hear with our brains, the implications of untreated hearing loss, and what a hearing solution should provide.

Now making that recommendation, supported with simple benefit statements, is gonna be much easier for them to understand, and have that confidence to follow through with whatever you recommended, because you educated them first using simple language tied to their specific needs and the benefits that solution provides. So here are three additional examples of simple benefit statements. Notice we're not trying to give them explanations about individual features, that's not our goal. Statements like this can also be used as you tie those potential benefits back to their individual needs and communication challenges. So for our experienced users, let's instead talk about unmet needs. You know, with Oticon Real we focused on four unmet needs we've all heard from patients: sudden, loud, and soft sounds, wind noise, and hearing aid handling noise.

And as with new users, experienced users are going to be interested in brain health. So talking about how we support the brain's natural way of processing sound will also resonate with these patients. But next we wanna talk about their specific unmet need and tie it to those Oticon Real benefits that will meet this need. Because remember, if there is something that is not being addressed with their current technology, they may be interested in moving forward. So understanding that unmet need and how that technology can address it is going to be extremely important in your recommendation. And with some of these patients, especially those who are, you know, wearing another manufacturer's hearing instruments, you may find that some of the pages within that Oticon Real counseling tool can be beneficial to use as well.

So here are three benefit statements you may find beneficial with our experienced users. You can notice here that it is really talking about new benefits, or new specific needs or unmet needs that are addressed with Oticon Real. So, "Oticon Real gives you

a whole new level of sound quality." "Oticon Real is proven to increase speech clarity in windy noises," or "windy situations." Or, "Do you notice when your hair or glasses touch your hearing aids? Oticon Real reduces the annoyance of those sounds." So you've got some things to play with there. But once you fit a few patients with Oticon Real, they can sometimes be the best source of good benefit statements that can then be used when recommending Oticon Real to other patients.

An example is something I heard from a patient not long after Oticon Real was introduced. The patient said, "I don't know what it is, but I just hear better." I was in that office with that patient, and it was an aha moment for me, because to the patient, that's what they felt. They didn't feel like they were hearing anything amplified, they just felt like they could hear better. And it's these types of statements and experiences from your patients that can help you tell the story of how Oticon Real can change their lives and change the lives of your patients. One additional strategy to consider here is to combine a listening demo with your technology discussion or recommendation.

We know that if a picture is worth 1,000 words, then a demo is worth 10,000. You know, technology demos are common practice among many providers. You may do them yourself. These providers have learned the value of letting the technology speak for itself. And the reason why it may make such a difference is going to vary by patient, but they do get the ability to experience the sound quality. And it gives them, as the patient, the opportunity to experience the benefits of technology that can go a long way to saving a lot of discussion time about if a hearing aid will help them in specific situations. So it supports that discussion along the way. So we have a long history of providing solid science-based evidence for what we do and what we recommend.

When you discuss and recommend one of our product families, you're most likely hoping and expecting the best possible outcome for your patient. And they are in turn looking to you for your expertise and recommendation. Most of us go into this

profession to help people hear better. And so it stands to reason that making a solid standard of care recommendation to your patient helps them have the confidence to move forward and give them the most potential for a positive outcome. So I want you to think about your recommendation from the patient's point of view. Do they really want two to three options? And how do you distinguish between those options using benefits? If you offer more options, do you end up trying to describe the feature differences rather than benefits, leaving them wondering which choice is best for them.

So to highlight this, I wanna tell you about a study taken from a psychology class project. The professor sent his students to the mall to set up a small study using flavors of jelly. On the first day they sold three flavors of jelly, and on the second day they sold seven flavors of jelly. And the idea was to see how much they sold each day. With all things being the same, they actually sold more jelly when there were only three choices. Because when you're given too many choices, we become paralyzed and unable to make a decision, or we will doubt and second-guess the decision, leading to dissatisfaction. And you may have heard of Barry Schwartz.

He is a psychologist who's several TED Talks, and he wrote a book about the paradox of choice. And he shares that reducing choices can actually greatly reduce anxiety. Just as we would go to a doctor for their professional opinion, people come to you for your expert advice, so it's okay to give it to them. So if your, or our, standard of care, either way, is to, the recommendation is an Oticon Real 1, do you really need to discuss all three of those performance levels? What if a Real 1 is not in the patient's budget? You know, while we do believe in making a strong standard of care recommendation, we know not all patients are gonna be able to afford an Oticon Real 1, and there will be some who choose not to make the investment.

So how do you handle the discussion easily without focusing on features you need to talk about, with more than one performance level. Let's briefly touch on those

performance levels of Oticon Real. We have Oticon Real 1, followed by Real 2, and then Real 3. Think about that description I just gave you. We believe it's an important distinction when discussing more than one performance level, using the word performance level versus price point. This terminology conveys that there are differences between the products that will translate to the solution being able to address their needs and potential benefits they receive. To keep in mind, there are three main differences between performance levels: performance and noise, sound quality, and the tools that you have available to further customize that fitting for the patient.

There's nothing wrong with giving that Oticon Real 1 recommendation, but if that doesn't fit into that patient's budget, then come in with something that is more financially feasible for that particular patient. All of the images that we are getting ready to see are from our newest Oticon Real counseling tool. And there's a section in the back with these images you're seeing here, and they were designed to make describing those benefits different, or those difference between those benefits between those three performance levels. So each page has a key at the bottom, and so it makes it easier for you to describe to the patient what they're seeing. On the left-hand side, you are first seeing without any hearing aids, and then more traditional hearing aid technology with fixed directional.

On the right-side you will see differences, the three pages for Real 1, Real 2, and Real 3. Each has a visual representation of how well Oticon Real is able to manage all of the sounds in the environment and kind of push that sound, or that noise, into the background. So we've covered a lot of ground today. I hope you found some valuable information you can use in your next technology discussion. Remember, the key to helping a patient take the next step is to listen intently to their needs and expectations, tailor that discussion to the individual patient, make that recommendation, and of

course, tie it back to who and what is important to them using simple positive language and tools that we have available for you.

So if you want any more information about any of the tools we discussed, please don't hesitate to reach out to your trainer, your inside sales, or your account manager. We are right at one o'clock. Do we have any questions? I see the question about the counseling, there's a question about the counseling tool. And the counseling tool can be ordered by your account manager, inside sales, or your trainer. Just reach out to one of those and they can send it to your office for you. Are there any other questions that we haven't had the opportunity to answer yet? If not, and something comes up later, please reach out to your Oticon team to get those answered for you. Have a fantastic rest of your day.