

The Consultation is a combination of audiometric testing, psychological profiling, counseling and sales process. It is the time that you get to impress upon every prospective Patient your own brand. So if you feel you are and indeed position yourself as, a caring, competent, friendly, professional, this is the time to display that. The consultations is made up of several stages, each of these stages are important in the process no matter whether you are in private or public practice.

Whether the Hearing instruments you provide cost large denominations of somebody's ready cash or are free. You will be every day selling a product to somebody who does not really want it. If you are not selling the product, you are not serving your Patients to the best of your abilities. In the public service, when that Patient says he has difficulty wearing his aid because of this or that. If you have not qualified that Patient properly, you will not understand if there is an underlying reason to his or her intransigence.

Perhaps it is about cosmetic or psychological perceptions, not the excuse that is being given. If you do not qualify somebody you simply do not know and cannot counsel for the true objections. In private practice, it is imperative that you qualify and overcome objections because otherwise, you don't eat. The simple calculation of No take care Patient= No food+hungry belly, tends to focus the mind quite amazingly.

The key to success is to ask, stop and listen, listen again and then listen some more. Do not spend the time that your Patient is speaking formulating what you will say next, listen and listen carefully. Because if you do, you will pick up not only what they are saying, but more importantly, what they are not saying. Often what a Patient is not saying is the truly important information when it comes to rehabilitation and counseling.

A well-structured consultation with clear procedure allows you to begin the engagement with your Patient; it is the foundation that any and all Patient Retention and Customer Referral strategies are built on. If you do not succeed in the connection at this stage, it is harder to truly build a strong and loyal engagement.

Consultation Procedure

Your consultation is the core of your selling cycle, it should be designed with this in mind, the core principles are **approach**, i.e. intro and icebreaking, **qualify**, i.e. medical history and testing, **commitment**, i.e. the acceptance of loss and the commitment to do something about it, **close**, i.e. the taking of an order and explanation of the process, **consolidate**, i.e. consolidation of the sale and re-affirmation of the decision. Each of these stages in the consultation is important to the structure and the goal, the separate principle of Support is quite probably the single biggest factor in a consultation. Does the Patient have support with them and more importantly, is it the right support?

Your consultation structure should be something like this;

Introduction: Who you are.

Icebreaking: The weather, holidays, current events.

Taking of details: Name, address, date of birth, phone number etc.

Medical History: The taking of a detailed medical history with questions pertaining specifically to the referable conditions.

C.O.S.I.: The taking of a cosi, gaining clear knowledge of at least three problem areas.

Otoscopy: Examine the Patient's ears

Audiometry: testing of the Patient's hearing.

Explanation: Explanation of the Patient's hearing loss and its effect on their lifestyle.

Live demonstration: Demonstrate the aids to the Patient

Options: Always give three hearing system options.

After your introduction and ice breaking you should begin to inform and explain the purpose of what comes next, this begins to remove the fear of the unknown for the Patient and explains to them your procedure and the reasons behind it. The structure is simply the best way to run a consultation because you understand where you are and what you have done easily if you get side tracked by Patient questioning.

Approach

Ice breaking topics can be as simple as the weather or holidays, recent news stories etc., remember that if you give a little you will get a little. In other words tell them about your hobbies or travel etc.

Qualify

Qualifying is a process that begins with the taking of personal details and carries on all through until you are about to start your testing procedures. Its primary purpose is to establish your Patient's problems and motivation levels.

What are you trying to achieve?

- Is there anything medically wrong with the Patient's hearing?
- What are the Patient's handicaps?
- What is affordable for the Patient?
- Does the Patient accept that they have a problem and are they committed to doing something about it?
- Is a hearing system the solution?

The methods you choose to address a particular topic very much depend on how you assess your Patient's potential attitude to that topic. You should rely on your inter-personal skills to judge these situations and formulate the question in the least confrontational way.

After every question you must think to yourself do I need to ask another question, respond and clarify or educate or move on. You should only move on when you are happy that every question for you and your Patient has been answered. You must let the discussion take its natural flow bringing it back to its central theme as you go. You may find that you have introduced a topic, however the Patient has responded unexpectedly or raised a new issue that you feel needs to be dealt with. Deal with it but eventually find a route back to the original topic so it can be closed.

With some Patients it is important to clarify what they are asking you, they may have asked a question that you feel they already know the answer to or have some knowledge of. You may ask them a question that will help you clarify what the underlying concern is. It is only when a Patient's underlying concerns are answered that they will be able to move on to acceptance of treatment. Any advice that you give at this stage of the consultation will be seen as just that advice. Later in the consultation it will be seen as selling. For that reason alone it is important to cover sensitive topics at this stage, price range, technology level etc.

Your questioning technique should be to use [open ended questions](#), questions that cannot be answered by a yes or no. Use words such as when, where, how, why, questions that begin with these words are answered with statements. It is important that you listen to these statements; you may feel that you have heard it all before, however this may be the first time that this Patient has vocalized these problems. The answers to your questions may also involve a lot of emotional content for your Patient, do them the courtesy of listening, take notes and make comments that lets the Patient know you are listening.

The COSI is probably one of the most powerful tools available to encourage emotional engagement with your Patient, it is imperative that you handle it well. Ensure that you cover each problem area intensively, get all the details and record them. Your Patient will tell you exactly what the issues are and the effects that they are having on their life. Listen to them, do not interrupt and appreciate that this person may be vocalizing deeply emotional problem areas.

The topics that need to be discussed during the Consultation are as follows:

- Client details and background.
- Areas of difficulty, Lifestyle Issues.
- Previous aid use.
- Hearing aid style/ attitude to wearing hearing aids.
- Your company and service.
- Price.
- Levels of technology.
- Monaural versus binaural.
- Medical aspects.

Price of hearing aids are always a bone of contention, most Patients will bring you to this topic as soon as they accept that they want or need a hearing aid. The best explanations should include

- Your company and back up service.
- Levels of technology.
- Research and development.
- Lifestyle considerations.
- Expectations of Patients.
- Choice.
- Cosmetics.

- Acoustical considerations.
- Complex nature of hearing loss.
- Complex nature of re-habilitating to hearing aids.
- Finally you, their own individual professional.

Explanation of technology levels

This is where you can begin to link hearing aid features as solutions to the difficulties the Patient has informed you of as well as helping them to fully understand why the prices of hearing aids differ depending on how many of these features they want in their hearing aid. The easiest way to deal with this is to discuss two overall concepts.

Level of technology

Whilst it is true that you get what you pay for, it is important that Patients understand that high end technology is not necessarily the best solution for them. It is what is most appropriate for their lifestyle that is of the greatest importance. They need to understand your role in determining the options and that it is not simply to get them to spend money on expensive option. Illustrate your explanations at all times, a combination of visual and aural information is best for communication of these matters. The visual cues remain to mind longer and assist the Patient to understand more clearly.

Signal to noise ratio

All hearing aids are designed to improve the signal to noise ratio. Explain this to your Patients, you can then relate this to levels of technology thus: Entry = Improvement of Signal, Medium = Reduce the noise and High = Does both.

All levels of technology have the same core technology elements and these can and should be referred to, to begin the process of equating problems for the Patient with the solutions you can offer. These can be summarized as thus:

- Compression.
- Multi program.
- Multi channel.
- Noise reduction.
- Directionality.
- Feedback Suppression.

Be familiar with these concepts and formalize an explanation for each, one in your own terminology is best; a standard generic explanation will come across as robotic or worse. A statement that is formulated by yourself using your own terminology has the ring of truth about it.

Monaural versus binaural

A common misconception among Patients is that one hearing aid will suffice. If you intend to be able to ask the Patient to buy two hearing aids, they will need to understand why you are making that recommendation. The concepts that you will need to discuss are:

- Benefits of binaural hearing.
- Advantages and disadvantages of monaural hearing.
- Auditory plasticity and rehabilitation.

You need to become familiar with these concepts and again formulate explanations in your own terminology. Use visual aids if available to reinforce the information you are imparting, or draw diagrams. Aural information in conjunction with visual cues is much more powerful than aural information alone.

The Importance of having support

There are four main reasons for the need for Patient support:

Client Confidence

- Many of our Patients feel much more at ease if they physically have somebody else with them during the consultation.

Informed Decision

To be able to make a decision at the end of a potentially long consultation, where a lot of information has been imparted, it is of great assistance for the Patient to have another person present who can assist their decision making process.

Handicap Familiarity

- Most hard of hearing Patients underestimate the true handicap their hearing disability has in their life. Having a person present who can comment objectively on the degree of handicap is extremely important to the Patients acceptance of the need for action.

Consolidation

- Perhaps the most important time for the Patients support is after you, the professional, have left (or they have left your clinic). It is vital that the support reinforces the notion that the right decision was made, thereby overcoming the most human of reactions 'buyers' remorse.

For these reasons it is of great importance that the Patient is accompanied by support and more importantly, you engage and educate that support during the consultation process.

Explanation of an audiogram

The explanation of the audiogram is perhaps one of the most powerful parts of the consultation, for many Patients it is the moment of realization, of irrefutable fact that they have a hearing loss. It is essential that the explanation of the audiogram and the hearing loss is delivered with care. If you give too little importance to your explanation, the Patient will not understand why they should care about their hearing loss or take action. If you give too much emphasis you may leave the Patient in a state which precludes them from accepting assistance.

The level of detail and type of language you use will vary depending on your assessment of the Patient's behavioral type and emotional state. The content however should remain unchanged and there are key points the Patient should understand before you move on:

- Describe the audiogram and what the axes represent.
- Describe normal levels of hearing.
- Describe complete speech deafness.
- Compare your Patient's thresholds to normal thresholds.
- Classify their hearing for low pitches and vowels versus high pitches and consonants.
- Illustrate what the symbols represent with the use of anatomy diagrams.
- Relate their thresholds and phoneme perception to their problem areas.
- Explain what a hearing aid will do to sounds that are below the thresholds.
- Explain what a hearing aid will do to sounds above the thresholds.

Demonstration of a system.

The demonstration of a hearing system is again one of the more powerful moments of the consultation process. It is the moment where you have the opportunity to wow your Patient. This is your opportunity to consolidate the ideas you discussed earlier and allow the Patient to make an informed decision with regards to technology and price.

Your demo should be based on the following structure:

- Familiarization.
- Monaural/binaural preference.
- Hearing in noise.
- Additional features.

Familiarization: Especially if this is your Patient's first experience of hearing aids, but also applicable if you are changing the Patient's prescription, the sound you first introduce to the Patient will be different, unusual or may even be uncomfortable. You should adopt the approach of telling them what they are hearing and talking them through to relieve the stress, but not the impact. The important things at this time are that you check and adjust overall loudness, tell them it will be louder, but it should be comfortable.

Check and adjust clarity, it should be crisp and clear without becoming too harsh or irritatingly metallic. Check and adjust where possible occlusion, explain occlusion and why it is happening, test tips etc. Once you have achieved clearer comfortable hearing you can begin to resolve the Patient's problems. Relating back to their problem areas as much as possible, but resorting to common difficulties where necessary, you should encourage the Patient to begin to converse with their support and demonstrate the following:

- Hearing normal conversation in a quiet room.
- Hearing speech from short distances.

Monaural/binaural preference: Your Patient will already have inferred or directly told you if they prefer monaural or binaural amplification, and if it is only one ear, which ear they prefer. All you have to do is show them the difference and ask the question:

- While you are talking to the Patient, explain that you are turning off one ear at a time and then returning to both.
- Explain that hearing is better than nothing with only one aid, but it instinctively does not feel as natural as with two.
- Ask them do you hear better with an aid in your left ear or right ear, or both.

Hearing in noise: Your Patients will commonly tell you that it is not one noise but a combination of many that is most difficult to hear in. Use good quality speakers in your practice and play some of the numerous available sound files. Again it is vital that you explain what you are doing before you start adding noise to your demonstration:

- Relate the importance of this part of the demonstration to the conversation you had with regards to technology earlier in the consultation.
- Explain that some people benefit more than others from noise suppression systems and that this is their opportunity to assess if they would like to have it in their hearing aid or not.
- Establish how well your Patient can hear you face to face in noise with no features active, omnidirectional and noise suppression off.
- Activate the features and tell them what the hearing aid is doing and how it is helping them hear you with less effort.
- Relate the situation clearly back to their earlier mentioned problem areas.

Additional features: The minimum requirement for this part of the demonstration is to ensure your Patient understands directionality, but you may add as required

a demonstration of as many features as you have identified will be of importance to your Patient, e.g. additional programmes for music, feedback cancellation etc.

All the way through the demonstration you are showing the Patient that you can solve their problems with the right equipment, you are also displaying to them the concept of technology matching to lifestyle needs. This is key to their understanding and thought processes; it also allows you to model realistic expectations.