Confident CI Conversations

confident consistent conversations

across the entire service

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across the entire service

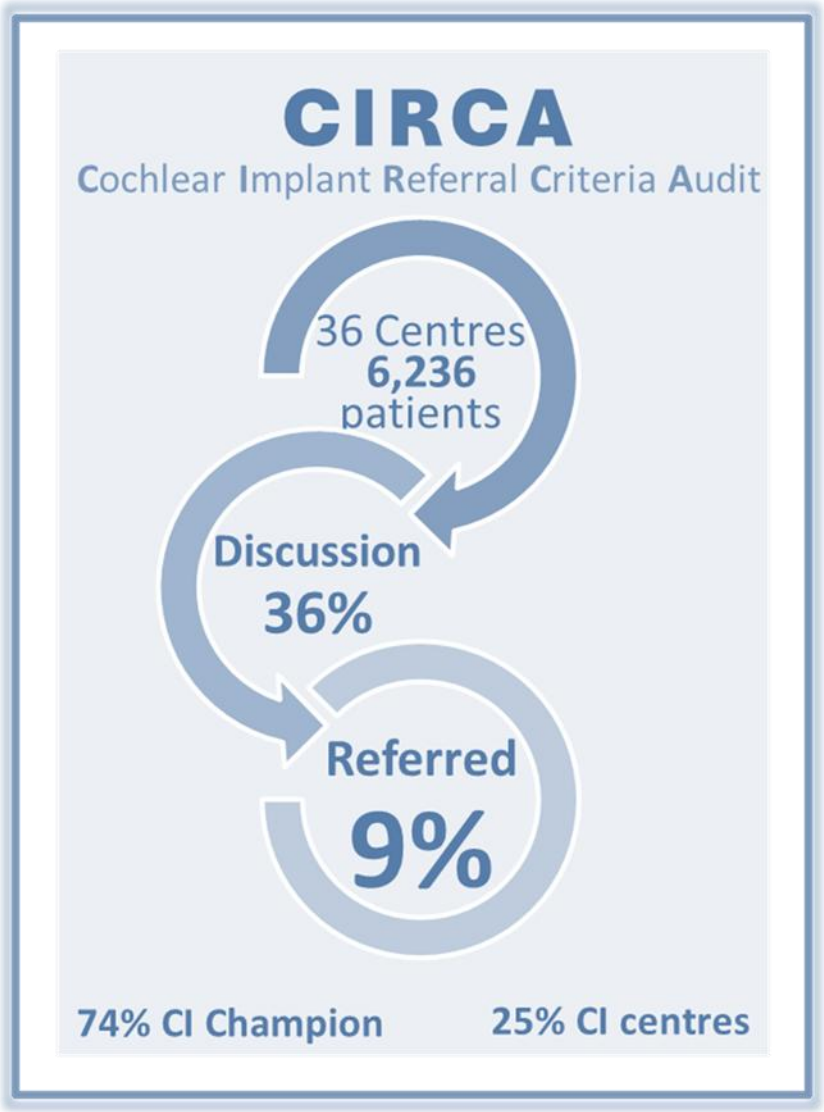
The Problem

What Good Looks Like

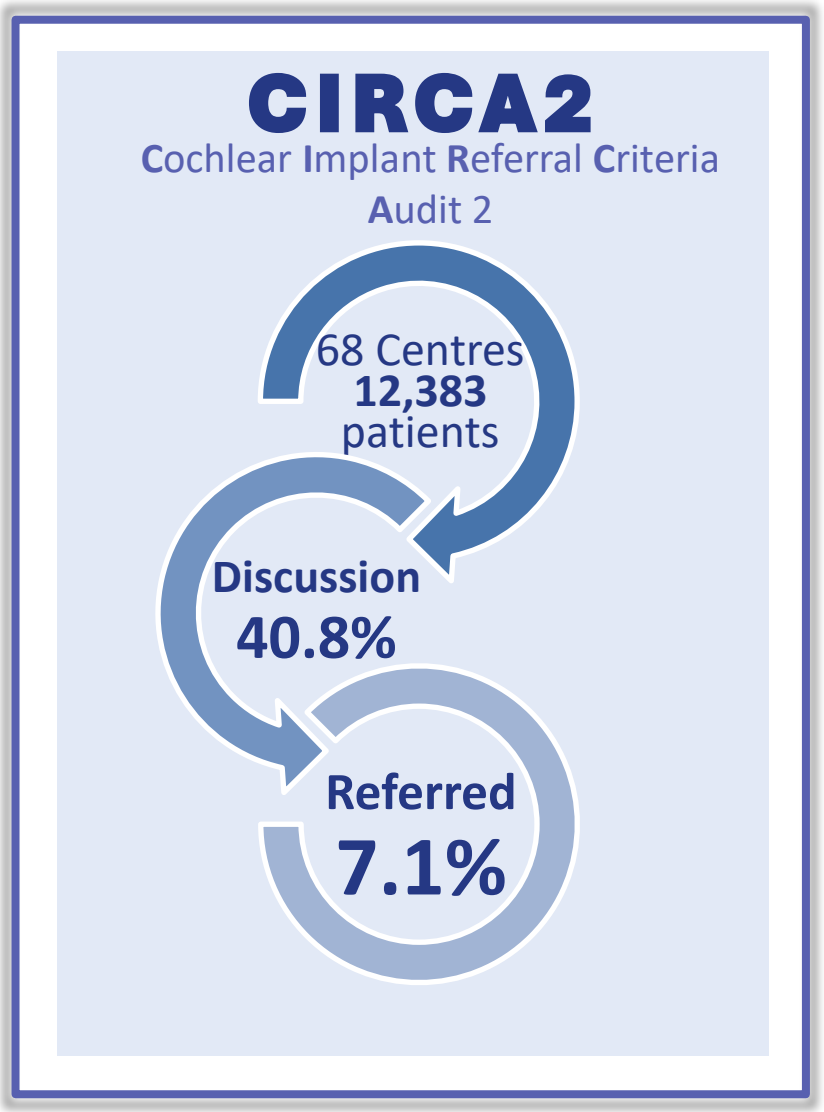
The Conversation Framework

Enabling Your Team

The Problem



PTAs from July – Dec 2021



PTAs from July – Dec 2025

The Problem

Hearing loss in adults: assessment and management

NICE guideline | NG98 | Published: 21 June 2018 | Last updated: 02 October 2023

1.3 Investigation using MRI

1.3.2 Consider MRI for adults with sensorineural hearing loss if there is an asymmetry of 15 dB or more at any 2 adjacent test frequencies

1.5 Assessment and management in audiology services

1.5.2 After the audiological assessment, discuss with the person:

- the pure tone audiogram and the impact their hearing loss might have on communication
- hearing deficits (such as listening in noisy environments) that are not obvious from the audiogram
- options for managing their hearing needs, such as acoustic hearing aids, assistive listening devices and communication strategies
- **referral for implantable devices such as cochlear implants,** bone-anchored hearing aids, middle ear implants or auditory brain stem implants, if these might be suitable (see the section on implantable devices)

- Time Restrictions
- Awareness of Outcomes
- Accountability
- Confidence
- Oversight
- Resource
- Hearing Aid Optimisation
- CI Criteria

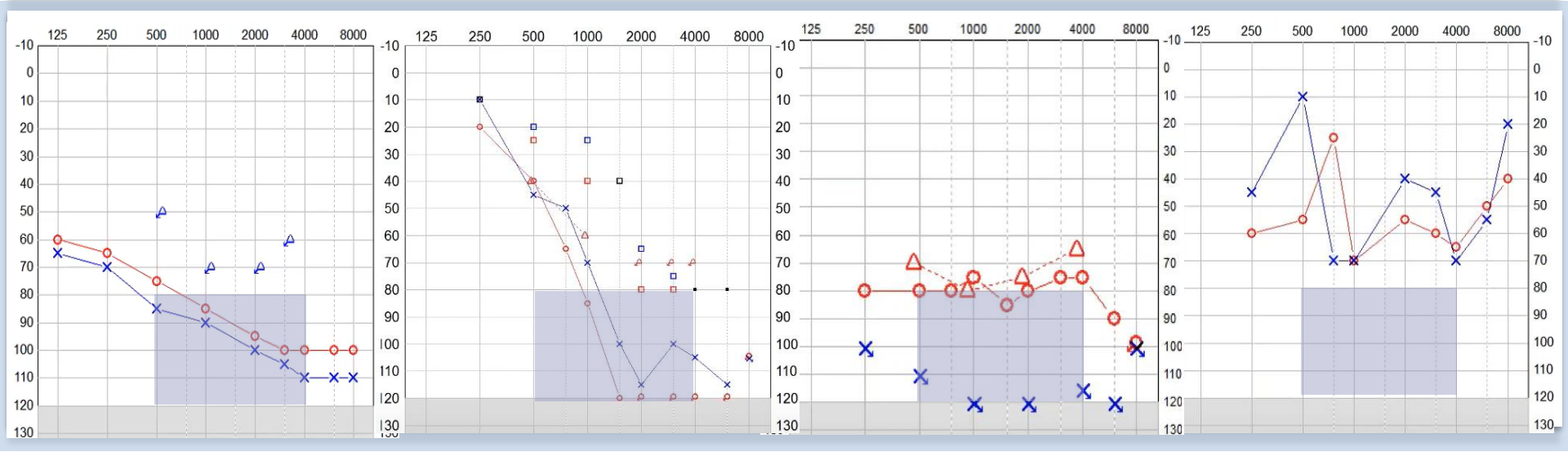
Time Restrictions	• Impacting both the CI conversation and creating the referral
Awareness of Outcomes	• historical negative culture towards CI • ‘last resort’ and 'high risk'
Accountability	• Whose role it is to start the CI conversation and at what point in the patient pathway
Confidence	• Daunting to face patient questions on a specialist topic • Worried about misleading them • how to approach the conversation
Oversight	• Thinking of CI as a treatment option in real time
Resource	• Champions without their protected admin time • Staff shortages • Patient information
Hearing Aid Optimisation	• Severe to profound hearing aid audiology • What is ‘optimally aided’
CI Criteria	• Familiarity and memory retention of training

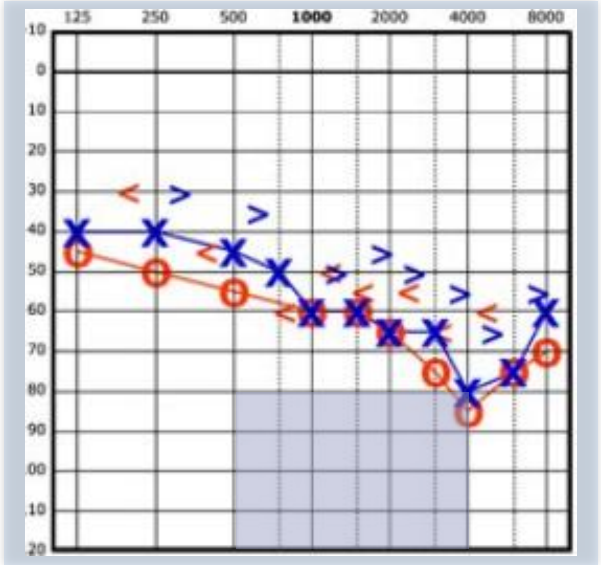
What Good Looks Like

- CI discussed routinely and early
- Consistent approach across whole team
- CI discussions are had more than once

What Good Looks Like

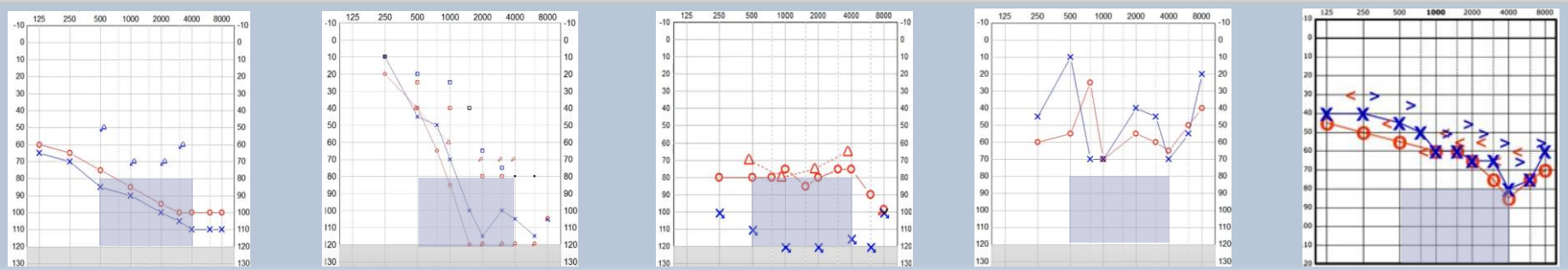
- CI discussed routinely and early





What Good Looks Like

- CI discussed routinely and early



- Consistent approach across whole team
  - Removes: misinformation, uncertainty and personal opinions
  - Supports: accountability, confidence and standardisation of care/equitable access

- CI discussions are had more than once

Kessels, 2003

- 40–80% of medical information is forgotten immediately after one consultation.
- Repetition (revisiting, rephrasing, reinforcing) significantly improves recall, often doubling retention for key points.

Kornburger et al, 2013

- Patients who received repetition or teach-back recalled ~50–70% more information than those exposed once.

Boulton et al, 2020

- Patients' understanding and acceptance evolve over multiple conversations.
- Patients require early, easy access to reliable information on CIs. Targeted support for patients and professionals is required at earlier stages of the CI journey.

The Conversation Framework

Recognise

"If you're thinking about CI, say it."

Frame

"This is something we discuss with lots of patients in your situation..."

Explore

"Tell me where you notice the most difficulty..."

Respond

"That's a really common concern..."

Close

"Today is about understanding your options — we can take this step by step."

Almost everyone who loses confidence in a sales process does so by **jumping to Stage 4**, or Worse, **stage 5 before** they've even finished Stage 1.

Most people do not listen with the intent to understand; they listen with the intent to reply

(Covey, 1989)

The Conversation Framework

Recognise

"If you're thinking about CI, say it."

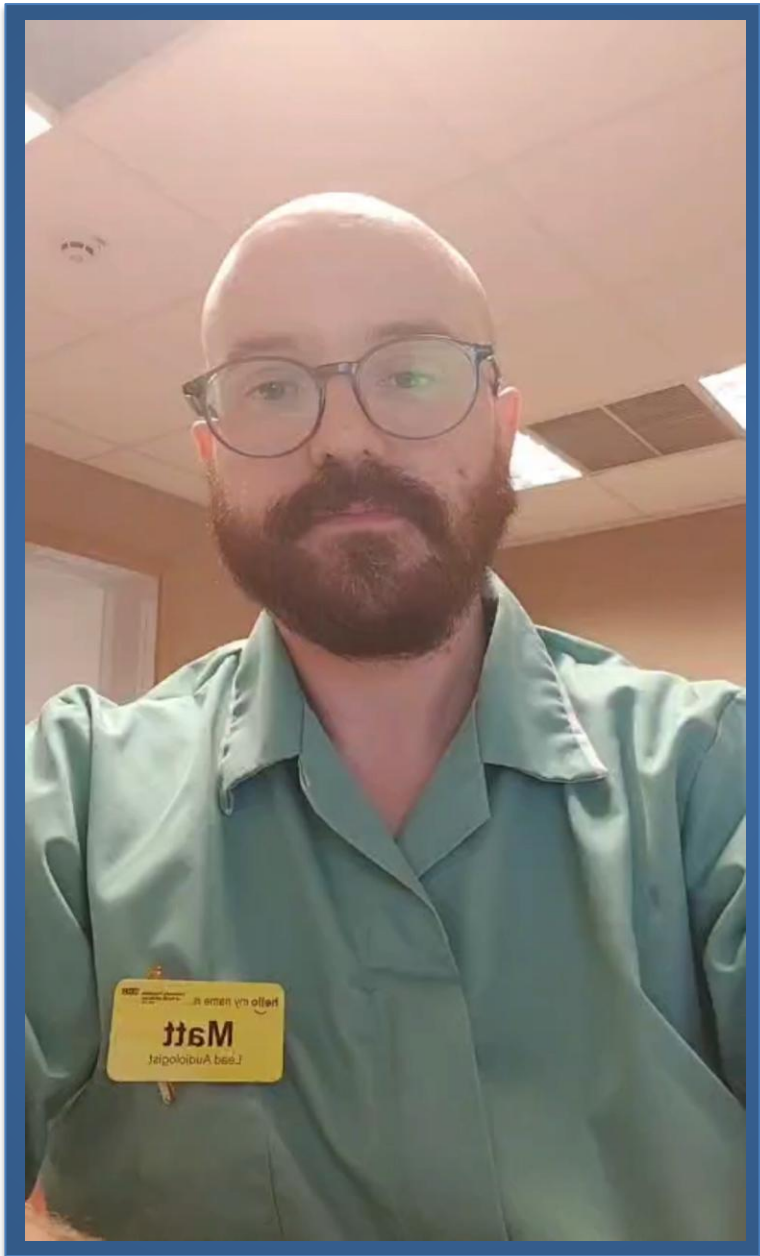
Any time when **nearing** CI criteria

At the **end of any hearing test**

At the **earliest possible** milestone
i.e. **known progressive**

After **speech testing**

Indicators: No phone use and asking for repetition with lip reading



The Conversation Framework

Frame

"This is something we discuss with lots of patients in your situation..."

Lead with curiosity

- People remember how you make them feel
- Create a safe space
- Let the patient teach you *"What do you think is stopping you from taking the next step? (for assessment)"*

Reframe

- An act of advocacy and empowerment, not a technical referral

The Conversation Framework

Explore

"Tell me where you notice the most difficulty..."

Find The Motivation

- ✗ "Do you want a CI?"
- ✓ "You mentioned wanting to hear your grandchildren better. We could look at another way to achieve this"
- ✓ "Are you withdrawing from social situations?"
- ✓ "Imagine if we did find a way that you could make your own phone calls again – would you think that could be worth exploring?"
- ✓ "Have you seen anyone with a CI before?"

The Conversation Framework

Respond

"That's a really common concern..."

Improve the gaps in knowledge

- It's not informed consent until they have the correct information

The Conversation Framework

Close

"Today is about understanding your options — we can take this step by step."

Handouts and leaflets

- ***BCIG leaflet***
- Your CI centre's website (Make QR handouts)
- Manufacturer materials

Signpost

- Facebook groups
- Patient experience videos

Book a follow-up

- In the next appointment I have set aside some time for…
- Document it for the next clinician (conversation had or not had)

Flag them for another clinician

- Self awareness to handover to someone else **Champion**

Tricky Questions (Deal breakers)

- Ask the CI centre

Don't answer every question

- Respond with: "Your assessment would be to learn more."

The Conversation Framework
For Paediatrics

Recognise

"If you're thinking about CI, say it."

- Known progressive aetiology
- Observed progression
- Developmental context

Frame

"This is something we discuss with lots of patients in your situation..."

Be aware of:

- Parents' emotions
- Young person's identity

Explore

"Tell me where you notice the most difficulty..."

- Validate their feelings as you explore

Respond

"That's a really common concern..."

- It my role to ensure you understand you are entitled to bilateral CI until you are 18.

Close

"Today is about understanding your options — we can take this step by step."

- NDCS and CI recipient volunteers

Enabling Your Team

NEW HABITS

The Power of Habit:

- "*The* three-step loop.
  - **Cue**, a trigger that tells your brain to go into automatic mode and which habit to use.
  - **Routine**, which can be physical or mental or emotional.
  - **Reward**, helps your brain figure out if this particular loop is worth remembering for the future." *(Duhigg, 2012)*

Atomic Habits:

- "The most difficult part of any new habit is **starting** it."
- "The key to creating good habits is to make the **cue obvious** and the **response easy**." *(Clear, 2018)*

- Set expectations
- Provide simple scripts
- Use collaborative language
- Normalise imperfection
- Encourage repetition
- Use audit as feedback

References

•**British Academy of Audiology** (2022) *Service Quality Committee: Cochlear Implant Provision Guidance (PG9)*. Available at: http://www.baaudiology.org/wp-content/uploads/2020/04/B.A.A.-Guidance_FINAL_040419.pdf (Accessed: 23 November 2025).

•**Covey, S.R.** (1989) *The 7 Habits of Highly Effective People: Powerful Lessons in Personal Change*. New York: Free Press.

•**Clear, J.** (2018) *Atomic habits: an easy & proven way to build good habits & break bad ones*. New York: Penguin.

•**Duhigg, C.** (2012) *The power of habit: why we do what we do and how to change*. New York: Random House.

•**Ida Institute** (2022) *Motivation toolkit*. Available at: https://idainstitute.com/body/motivation-toolkit/ (Accessed: 23 November 2025).

•**National Institute for Health and Care Excellence (NICE)** (2019) *Hearing loss in adult: assessment and management (NICE guideline NG98),* sections 1, 2 and 5. London: NICE. Available at: https://www.nice.org.uk/guidance/ng98/chapter/Recommendations#assessment-and-referral (Accessed: 23 November 2025).

•**National Institute for Health and Care Excellence (NICE)** (2023) *Cochlear implants for children and adults with severe to profound deafness (Technology appraisal guidance TA566)*. London: NICE. Available at: https://www.nice.org.uk/guidance/ta566/ (Accessed: 23 November 2025).

•**Swords**, C., Ghedia, R., Blanchford, H., Arwyn–Jones, J., Heward, E., Milinis, K., Hardman, J., Smith, M.E., Bance, M. and Muzaffar, J. (2024) 'Socioeconomic and ethnic disparities associated with access to cochlear implantation for severe-to-profound hearing loss: A multicentre observational study of UK adults', *PLOS Medicine*, 21(4), p. e1004296. DOI: 10.1371/journal.pmed.1004296.

Starring

Patient Volunteers

Mihalache Marwa

Matthew Smith

Mr Jameel Muzaffar

Mrs Emma Stapleton

Mr Charlie Huins

Jannet Horton

Rhian McTaggart

Jane Gallacher and team

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