

Connecting with NAL: Soundbites Webinars

A window into NAL's world-
leading research

MAY - JULY, 2020



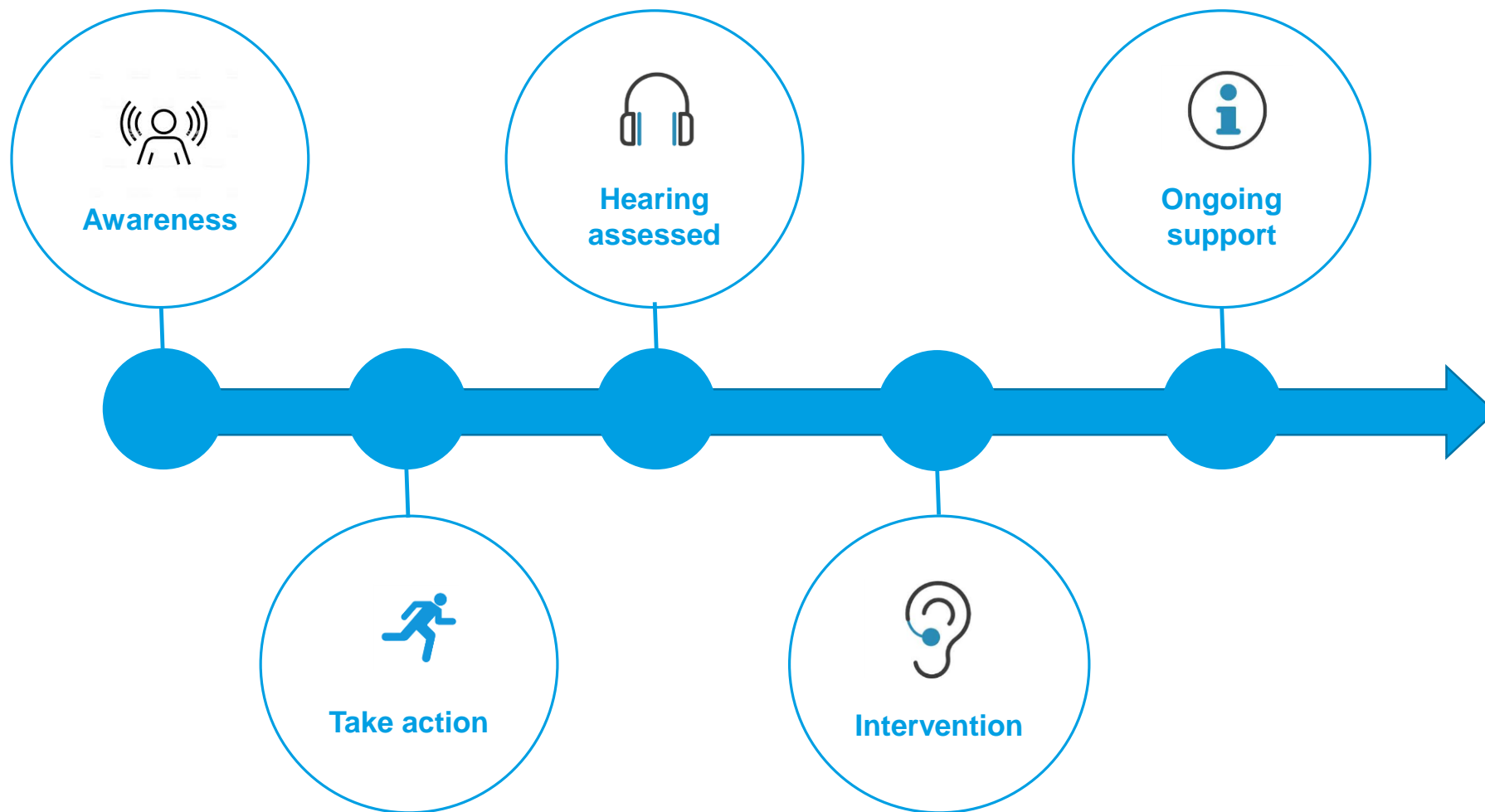
What People Want: Facilitators and barriers in post-fitting support

Taegan Young, MClinaud
Research Audiologist

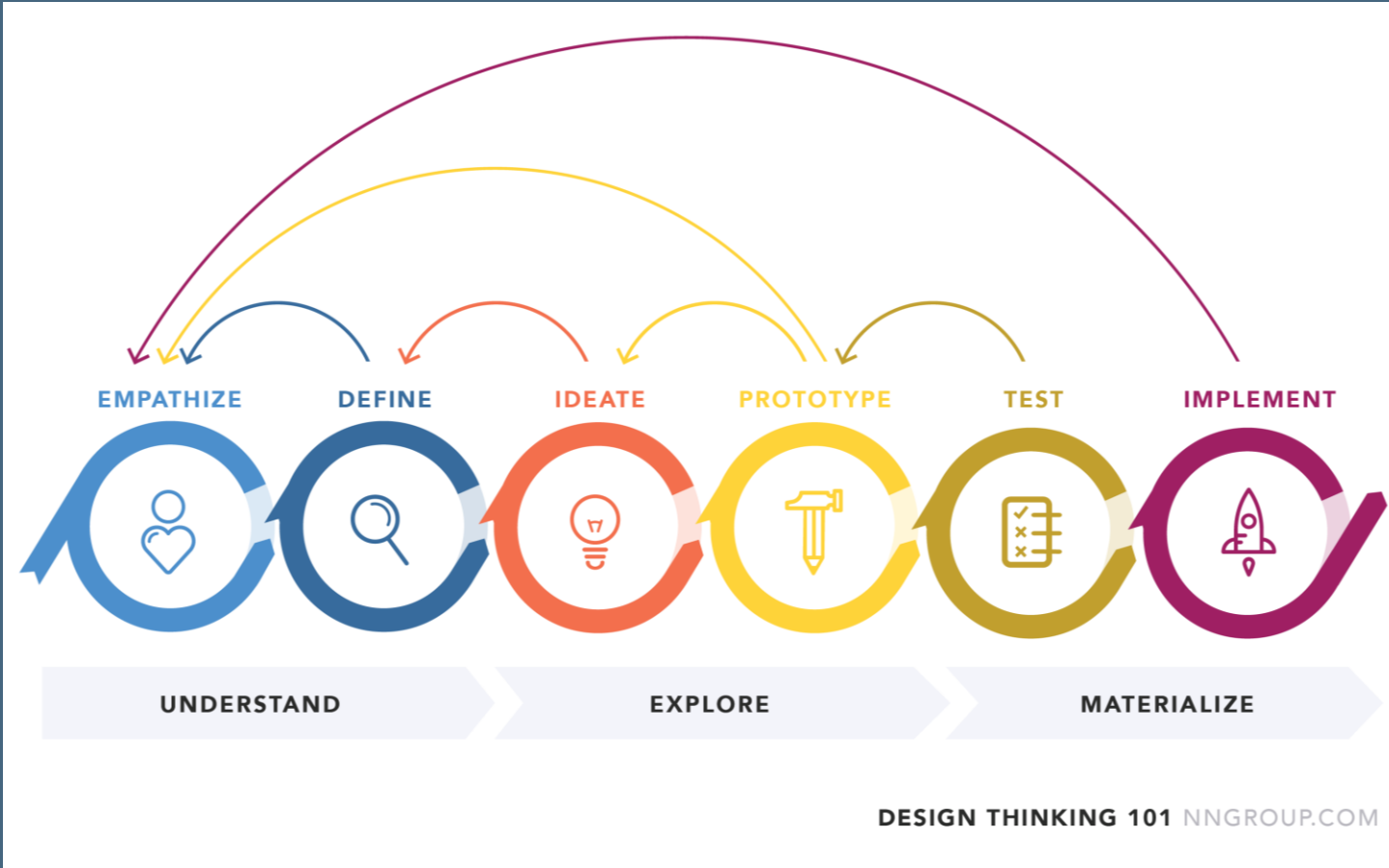
National Acoustic Laboratories
Sydney, Australia



Patient pathway

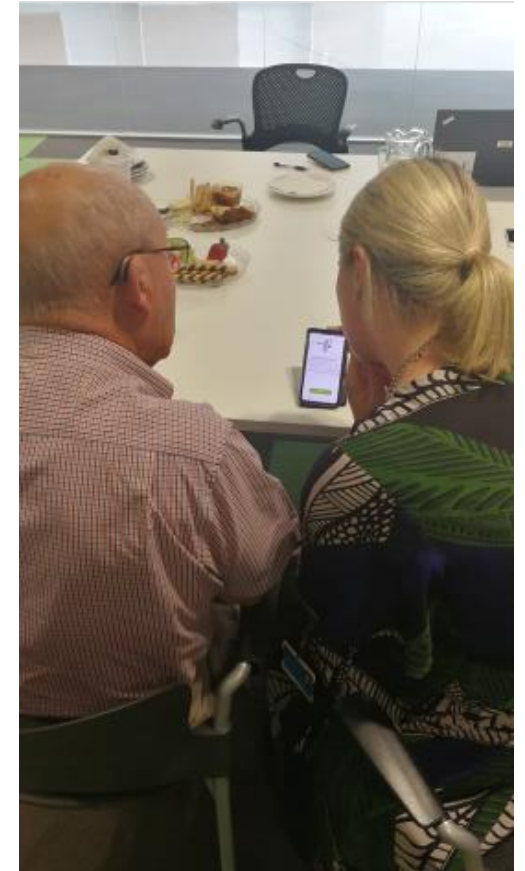


We Took A Design Thinking Approach



What do our stakeholders want?

Patient and public involvement (PPI)



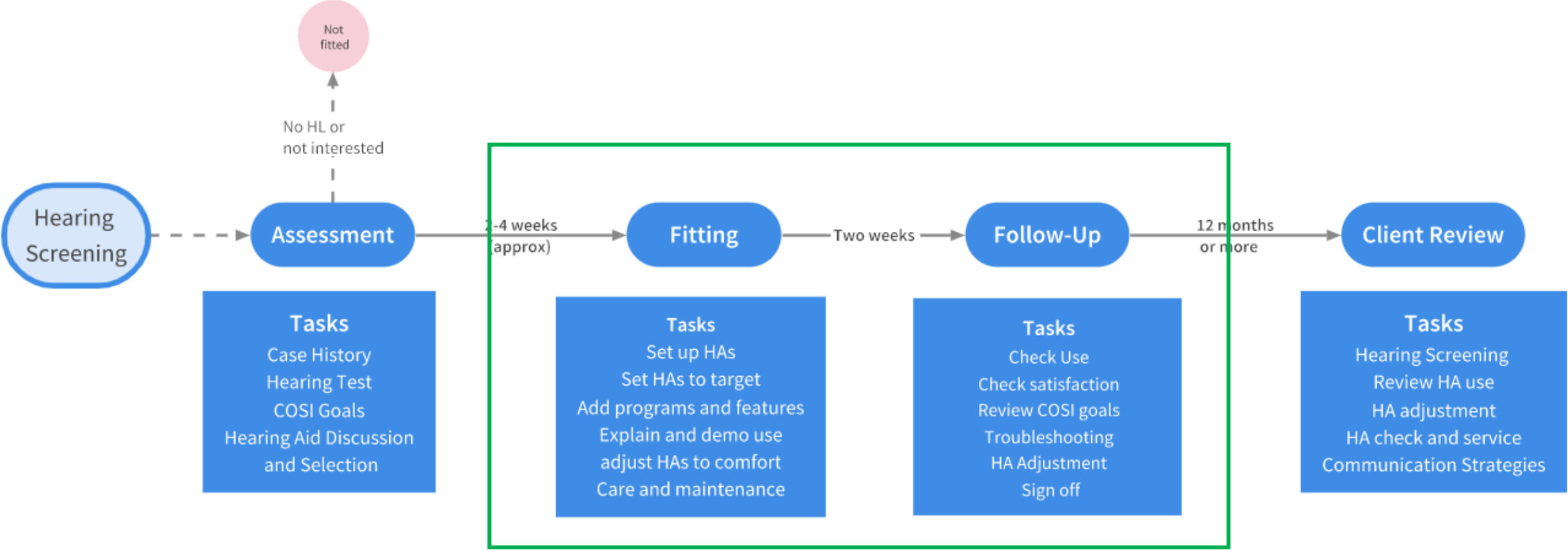
Working WITH researchers rather than
FOR researchers

“Not about us without us”

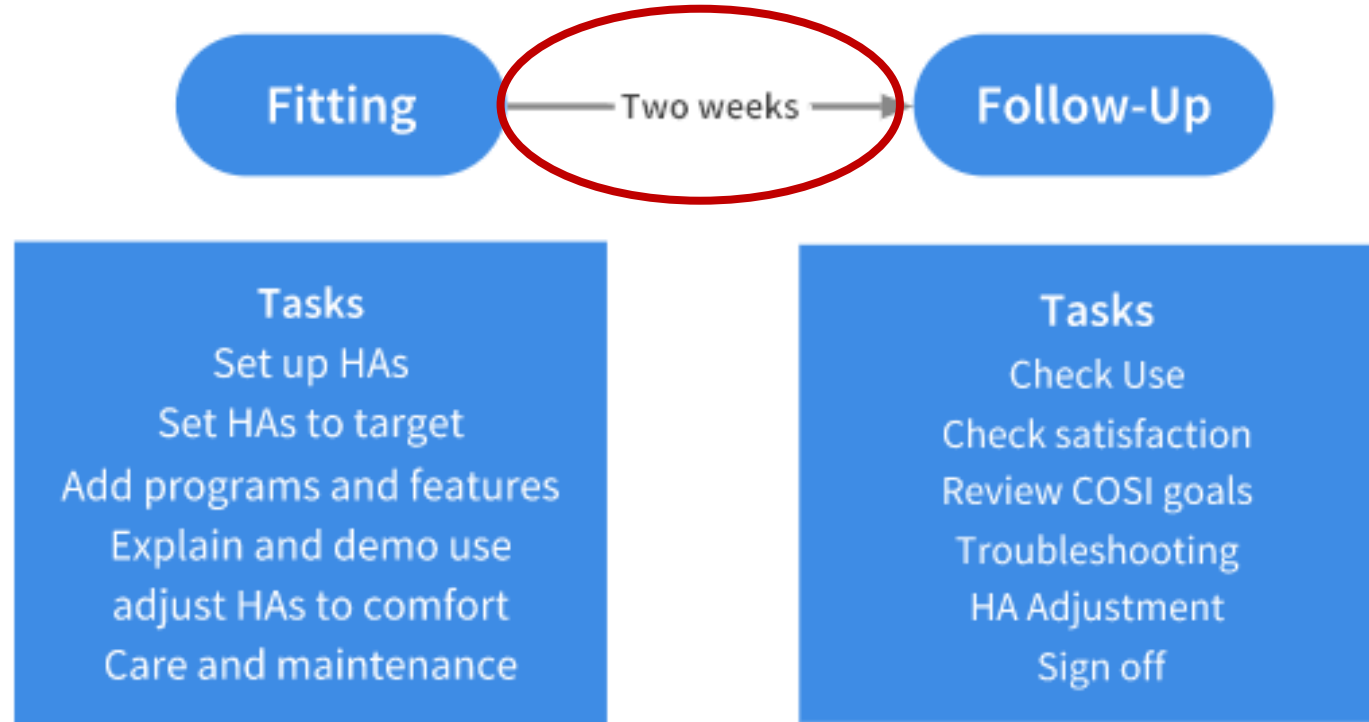
PPI can address mismatch between the needs of the users and research agendas
PPI ensures the research is aligned with patients' needs



Clinical Pathway in Australia

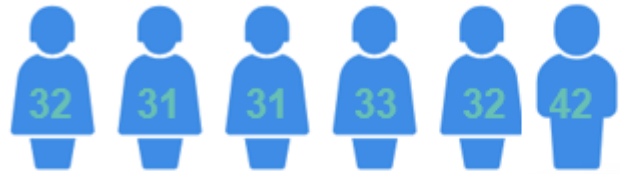


Clinical Pathway in Australia

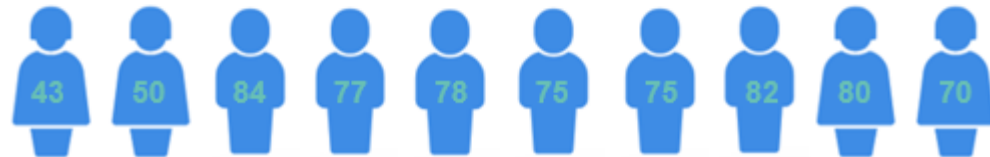


Focus Groups and Interviews

Six Audiologists



Ten Adults with Hearing Aids



Results

1) Motivation

2) Information and Preparation

3) Time Pressure



1) Motivation

Motivation helps clients persist with using hearing aids.

“[it depends on] whether they are actually ready for a hearing aid and whether they're going to persevere through the uncomfortable bits”

-clinician

Self-motivated people look for information and support if they need it.

“I'm a very resourceful person. If I need to know something, I will figure it out or I've got support.”

-client

1) Motivation

Motivation can fade after the fitting appointment.

“...she didn't really explain enough and I'm having a little bit of trouble. I don't know maybe I should have asked her further. It was a little bit casual”

-client

Some clients may need extra support.

“I wish older people who were wearing hearing aids for the first time got a little bit more support with their transition period. You probably need to do a bit more hand holding.”

-client

Clinicians are disappointed when their clients give up.

“There are a lot of people who give up, and you see them at the follow up appointments, its so frustrating but also sad for them. You want them to do well, and get benefit.”

-clinician

2) Information and Preparation

Clinicians don't want to overwhelm their client's with information.

"I do like to keep it mostly verbal because I don't want to bombard them with printouts"

-clinician

Clients said they felt underprepared.

I didn't get very good instruction and I think I need to adjust them.

-client

3) Time Pressure

Clinicians felt that there wasn't enough time to fit everything in.

Just trying to fit it all in, there's so much to get to...sometimes it's such a rush to explain everything and set it all up.

- clinician

Clients felt rushed.

"I come away feeling that I'm being shovelled out the door and then I don't know what questions to ask because I don't know what's wrong."

-client

Technology



“People aged 50 and older use smartphones, wearable technology, and smart home technology at about the same pace as younger adults”

Nelson Kakulla, B. (2020) Tech Trends of the 50+. Washington, DC: AARP Research, January 2020.
<https://doi.org/10.26419/res.00329.001>



Technology

Audiology is both defined and disrupted by technology

“[Technology is] a big part of my role. If it doesn't work I can't work”



Source: hearinghealthmatters.org

Technology

We're too old for technology.

"I think we are all too old to live in a world with machines telling us what to do."

-client

Lack of awareness of new technology.

"I think that sounded really great to me. Why hadn't I heard of it?"

-client

Trying to keep up with technology.

"a lot of people in our age group are very techno-savvy"

-client

The Role of the Audiologist

“Even though I have a complete and total aversion to having to speak to a lump of metal or plastic, if it's recommended by the clinician, I would do it.”



Where to next?



Thanks to



Humphry Qin, PhD

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Q&A

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THANK YOU

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Would you use it?

Willing to try anything if it helps the client

AUD01 - "I think if it helps the patient - Great"

AUD04 - I'm sure it'll be something that I could pick up on easily and be happy to help my clients out with.

Bridging the technology gap

AUD03 - "My older adults struggle more, it's all so new to them, "

AUD06 – “Depending on how easy it is to use, it could be open to anybody”

Concerns about privacy

AUD01 - "That's me personally, why I don't use one don't want my privacy [affected]. But if the patient is happy for their privacy then that's their issue. "

Would you use it?

Thinking back to when you got your hearing aids, do you think you would have used a SVA? Why or why not?

HAU02 - I would never buy one. No, I wouldn't.

HAU07 - I don't think I would use it unless if, because let's face it, I can look it up on the computer, I can Google it.

If your clinician recommended using SVA, would you use it?

HAU02 - And I might go to an audiologist and they might get a commission for selling a certain thing, but you can still believe that that person is a professional and they're registered, so they're going to give you the best advice possible to suit you .

HAU03 - even though I have a complete and total aversion to having to speak to a lump of metal or plastic, if it's recommended by the clinician, I would say yes, I would do it. Yeah. I'd say absolutely

