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OF AUDIOLOGY

British Cochlear Implant Group

Shared decision making – a structured approach

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Feedback 1……

'I feel like a salesperson when talking about CI; the patients always say no early in the conversation and then I feel I have to try to 'sell' the idea of a CI referral'…..

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NICE SDM guidelines….

- **Sharing information**: provide people with consistent information.
- **Supporting professionals to**:
  - ✓identify *'what is important to the patient'*
  - ✓Apply principles that support SDM
  - ✓Use clear language, avoiding jargon and explain technical terms
  - ✓Support patients to understand their choices available (including the choice of doing nothing or not changing the current plan)
  - ✓communicate with and involving family members, friends, carers, advocates or other people who the person chooses to include

https://www.nice.org.uk/guidance/ng197

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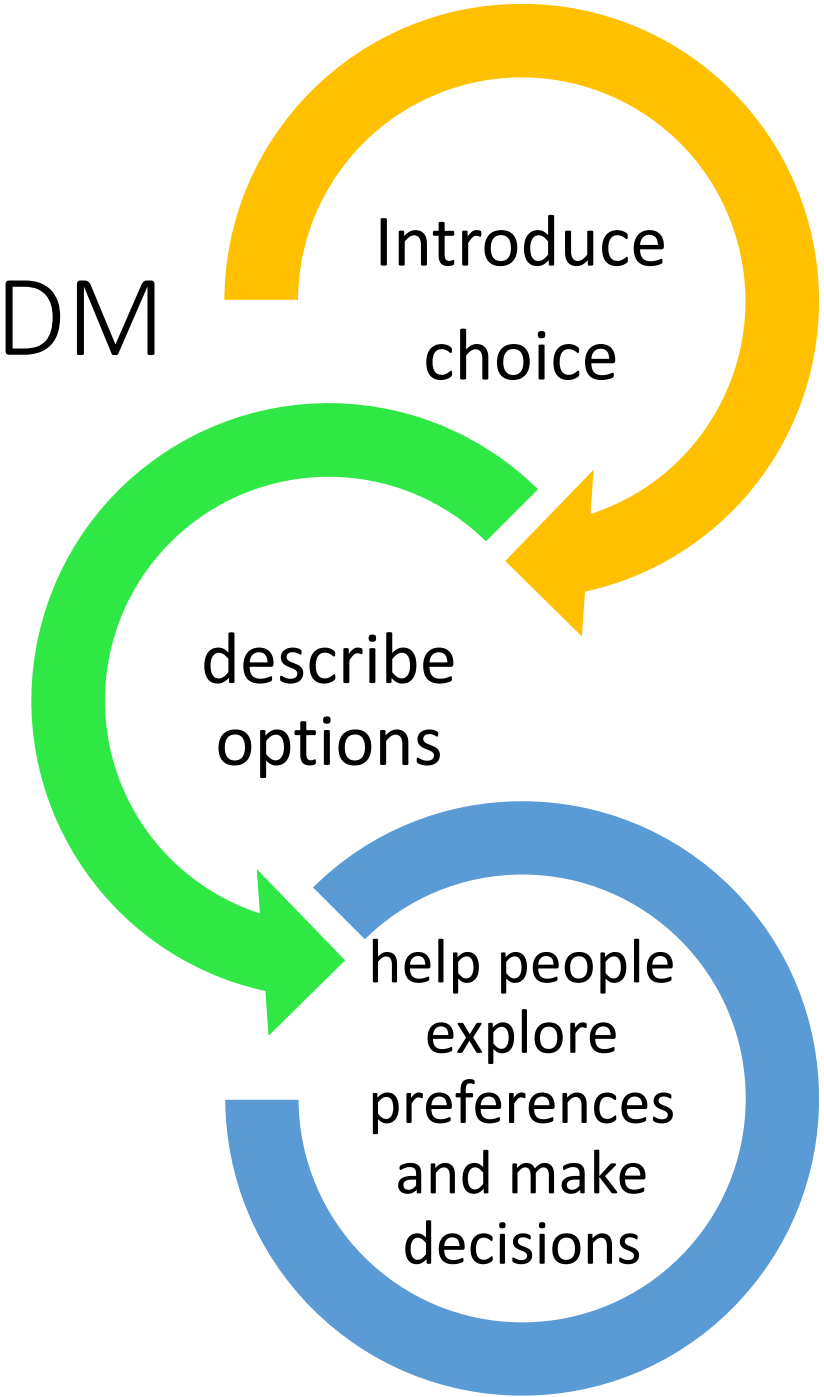
Principles that support SDM

Three-talk model

The three-talk model is a practical evidence-based model of how to do shared decision making.

The model has 3 steps



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NICE SDM guidelines: step by step

Before

- offer leaflet, help them prepare
- Plan additional support/people that might be needed

During

1. Agree an agenda. Explain aims of each option
2. Discuss risks, benefits, consequences.
3. Discuss misconceptions. Time for questions

Support

1. Deliver information in chunks & check understanding
2. Give people time
3. Make a plan/adapt IMP.
4. Record the discussion.
5. Plan a review date.

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Advice from referring clinicians….

*'I'm a big fan of **early and steady timing** of "the CI conversation" within an appointment or series of appointments so it is **being right for the person**'….**Avoid doing it all at the end of an appointment suddenly for example .. may make it very hard to process, and it puts pressure on an already likely busy appointment for both parties**.*

*'You could start this process by flagging it in the patients notes for action…….**If it's not flagged or documented, every single audiologist is facing the same barrier** – the "hugeness" of the looming "conversation",*

Nathan Barlow

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Advice from referring clinicians….

…'as long as we as Audiologists have not made the decision not to refer on their behalf, and we have ***been clear about <u>what they can expect from not taking up the assessment</u> ….****I think we have done our job'.*

'Ultimately joint decision making is around the SHARE approach and we are there to facilitate the patient's decision. However….it is also about ***<u>coming back to that decision</u> to check if there has been any reason as to why they might have changed their minds*** *in the future'.*

Laura Turton

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Feedback 2……

‘Talking about CI referral feels like giving 'bad' news - you must admit that you can't do anything else to help the patient with their hearing aids’…

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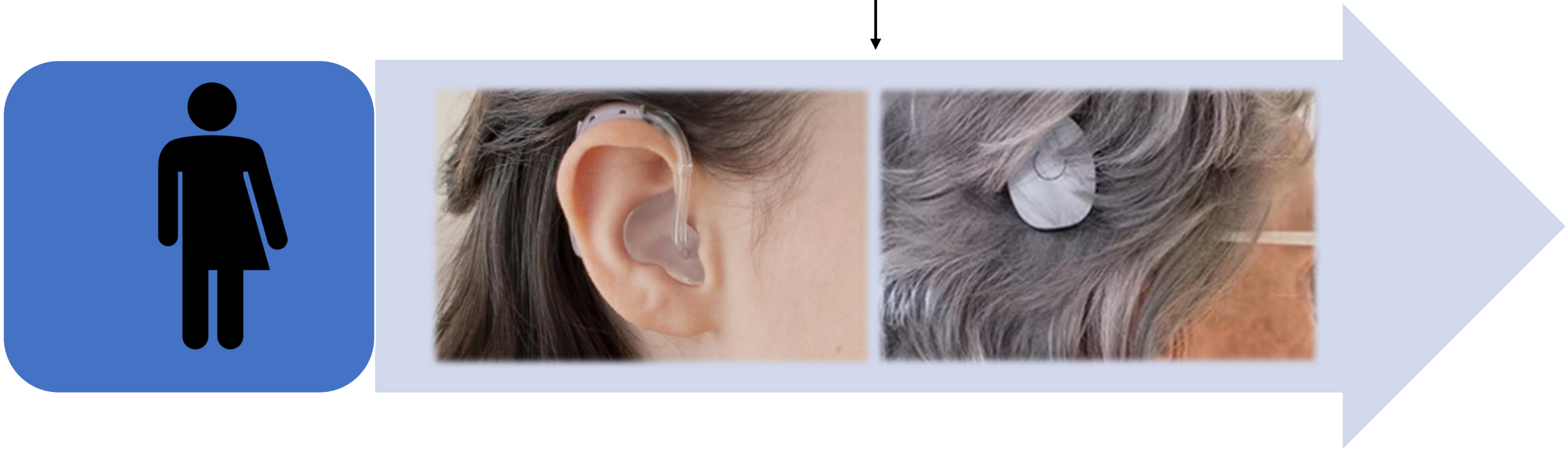
Benefits of CI.....

- Cochlear Implants (CI) are a **cost-effective treatment** for severe to profound deafness[1]
- **Life-changing benefits can occur post-implantation** including:
  - **Progression in education and improved career opportunities**[2,6,7]
  - **Listening confidence, less reliance on others and families becoming 're-connected'**[2]
  - Speech recognition: **9% pre-implantation to 82% post-implantation**[4]
  - CI users described **reduced listening effort** and felt more in touch with their own social world; termed '**social connectedness**'[5]
- **96% of adults reported greater benefits with their CI (compared to HAs), and 100% would recommend a CI to a friend or family member with a similar hearing problem [4]**

[1]NICE (2019) https://www.nice.org.uk/guidance/ta566; [2]Ng et al (2016); [3]Gaylor et al (2013); [4] MFT (2019) https://mft.nhs.uk/app/uploads/2019/07/ANNUAL-REPORT-2018-2019-Final.pdf [5] Hughes et al (2018); [6]Shield B. Available from: https://www.hear-it.org/sites/default/files/multimedia/documents/Hear_It_Report_October_2006.pdf; [7]Woodcock K, Pole JD. *Int J Rehabil Res* 2008.

Hearing care continuum



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Advice from referring clinicians….

*'I am a real advocate of **starting the conversation very early on** and then it feels so much more positive. You can be **reassuring that there are future options** to help people continue to use their hearing to do the **things they like to do'**.*

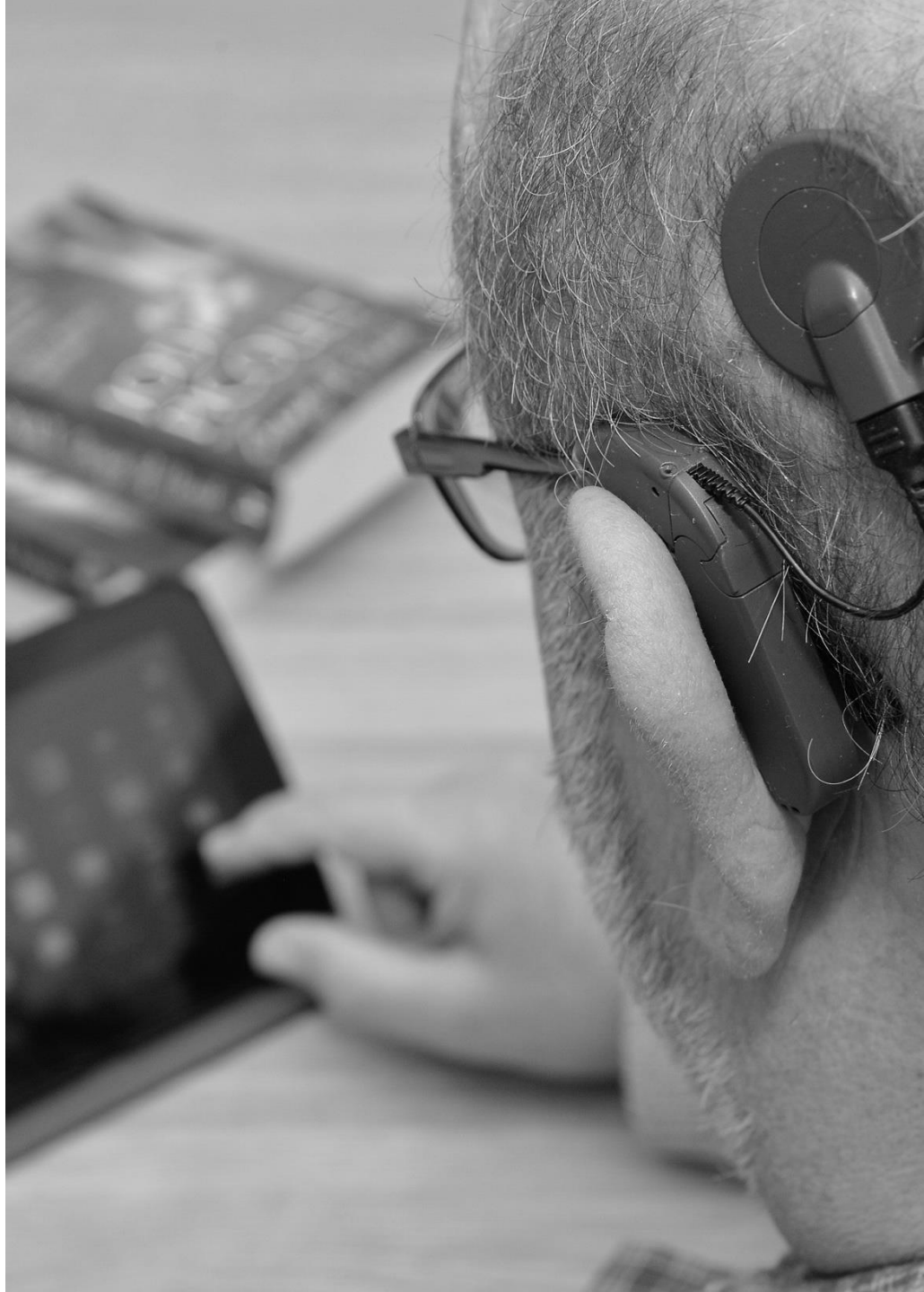
*'We have also really tried to **move away from any sense of getting to the end of the road with hearing aids**. If for any reason CI is not appropriate Audiology departments will still **maintain devices and optimise hearing** even if that means **accepting some limitations'**.*

Judith Bird

Joined up view of referrals

Audiology

CI centre



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Advice from CI users…

'deaf/Hoh/HI communities who are talking about CI options in a non-professional space…..HI/deaf community talk about waiting for their hearing to "worsen" to be in criteria'..

Nathan Barlow

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'I don't understand it - as a profession you are so lucky to be able to offer CIs to your patients….you should be shouting it from the roof tops!'

Janet Harris, CI user and member of National Cochlear Implant Users Association (NCIUA), Summer Conference, 2019.

Take away points

- **SDM** can follow a evidence-based, systematic approach.
- Patients see **CI as positive** -so should we!
- **Early** and **open** discussions are vital.
- Support and reassure patients about hearing aid care/services throughout their pathway.
- **Shared care.**