

Patient Retention & Customer Referral In A Modern Audiology Practice

**Strategies to achieve consistent Patient retention and leverage
customer referral for your business.**

Foreword

I originally wrote a series of articles that I hoped would help my customers, maximise their business opportunities, serve their Patients well and thrive in what are tough economic times. Those articles were relatively Heavy reading and did not lend themselves well to blog posts; I decided then that I would turn the articles into a book. This is not it! 😊 this is an eBook version of the articles that can be downloaded and hopefully will be easier to read. Print it off and you can write notes in the margins, something which I love to do, you will also be able to use it for reference etc. I will expand these articles into a practice management book at some stage, if only for my own satisfaction. I hope the information contained within the eBook is of use to you in your practice.

I would like to stress that my only qualifications for this advice are a lifetime of varied, diverse and sometimes personally terrifyingly stressful employment. That and common sense, oh and elements that worked for me when I was a practicing Dispenser.

Regards

Geoff

Chapter One

With the prevailing economic situation, particularly in Ireland, but indeed also in the rest of the world, businesses of all sizes are looking at strategies to maximise opportunities and decrease risk. It appears to be something that is prevalent within our industry as more and more businesses find themselves with decreasing returns on traditional marketing elements and the prevailing sense of downward pressures on margin and therefore profitability.

While it certainly seems that return on investment on traditional marketing appears to be almost non-existent, more and more of the people I speak to on a daily basis feel that they have to invest in these strategies for want of anything else to do. Although traditional marketing is still valid I feel that a key area that has been ignored is customer retention and referral. One of the key buzz phrases that are in ascendance at present in our industry is Patient Retention.

It seems strange to me that this concept almost seems to have come out of the blue for some people in our industry; customer retention is probably the central tenet of every industry in the world but appears to be new to us? What is Patient Retention and indeed how best can we achieve it? Patient Retention is simply the concept that your Patient is so ecstatically happy they will never go anywhere else. They not only buy one set of hearing instruments off you but several over their lifetime.

How do we achieve this, the holiest of grails, in our practices as we move forward? Patient Retention is a long term goal, something that will really begin to affect your bottom line in the future, or is it? The efforts that you put into on-going Patient Retention can immediately

affect your bottom line through customer referral. In order to achieve Patient Retention and customer referral, you need to put comprehensive and all-encompassing strategies in place that makes your Patient ecstatic about you their dispenser and all of the elements of your practice.

In order for customer referral to happen, you need to make your Patients evangelists for your brand, happy customers are just not enough. A happy customer may tell a few people how good you are, but evangelists will become active advocates for your business, publicising your brand far and wide. Word of mouth sales are indeed the best sales, because most of the impediments that traditionally exist to a sale have been removed prior to your consultation. The strategies that you put in place to bolster your Patient Retention are also designed to increase customer satisfaction and will lead to evangelist customers. A more common term for these Patients is Relationship customers.

Most Patients have no brand awareness when it comes to hearing instruments, their loyalty or otherwise is based on the perceptions of your practice and their perceived treatment at your hands. This is of course with the exception of once you go Widex, you never go back! Shameless plug alert, I am sorry, I just can't help myself. So what you need to do is to take every opportunity and make opportunities to shape their perception of your brand, the brand of you and your practice. While some patients leave a practice because they move away or indeed die, the majority of them leave because of a perceived attitude of indifference.

Feeling ignored when entering the office, being rushed through an appointment, leaving without having questions answered, or not having a problem solved in a timely manner may be sufficient to

cause a patient to search for a new practice. Since the routes traditionally used appear to have become ineffectual and the cost incurred of acquiring a new patient has correspondingly exponentially increased. It would appear that the retaining of a current patient is critical to the profitability of a practice. It has become critical to maintain a relationship with a Patient for as long as is possible and to design strategies to service this need.

Developing a relationship with a patient may be the best way to maximize not only patient retention, but furthermore, patient satisfaction and patient satisfaction is the route to evangelism. There is some evidence that an overwhelming majority of consumers, make important purchasing decisions based upon relationships, and we have no reason to believe that our industry is any different. Relationship buyers are customers who like your products and services. They build a relationship with your employees and they think of your company as the primary supplier of their needs within your category.

They do not want to be bothered to have to shop around every time they make a new purchase. They look for quality, good service, helpfulness, friendship and information. If you supply these things, they will stick with you. Every element of your practice has a direct effect on the perception of your Patient/Customer. From your shop front and display, waiting area, receptionist, consultation room, consultation manner, presentation skills, after sales service, communication style and so on and so on. The fact that there is so much for you to think about and possibly change should not deter you from doing it with gusto. In this chapter I would like to discuss the Patient journey and how within this journey you can best effect

your Patients perception of you and your brand. The rest of the chapters will address the other areas of your practice.

Our Patients/Customers have become ever more sophisticated and most businesses should adapt their planned Patient engagement and service scheduling to reflect that. The general model for Patient engagement I suggest to increase Patient engagement would be:

- Test and sale
- Fitting
- Rehab visit/Fine tuning Visit at one month
- Possible further Rehab/Fine tuning Visit
- Service Call at six months to continue at six month intervals.

This journey is designed to maximize Patient engagement with you and your practice which gives you maximum opportunity to shape and enforce a Patient's perception of you and your practice. This journey also allows for several communications a year with your Patient, structured mailings that don't feel like junk mail. I believe that less is better with direct marketing, I have watched for years some elements of our industry bombard their Patient database with mailings about new products etc. with dismay.

The introduction of the Patient Journey to your practice allows you to mail your Patient on a regular basis with communications that are perceived to have real value for them. It also allows you to maintain your Patient engagement and keeps you in their minds. The structure of the Patient Journey also allows you to introduce the subject of new technology at a seemingly apt time.

You will mail your Patients every six months to return to your office for service, you can also mail them perhaps twice yearly campaign

offers on ancillary products such as buy two packs of batteries get one free, or buy re-fill drying capsules get cleaning tablets free. It is important that the mailings are structured and well thought out; they must also be pertinent to the Patient. Don't forget a Christmas card, get them printed, take the time to personalize them, have yourself and your staff sign them and send them out.

If your Patient is returning to you every six months, you do not need to send them offers on new technology, you can tell them about it, show it to them in person. If done properly and at the right time it will not appear to be a sales push, it will merely be more of your famed education and good advice.

What briefly follows is the structure of the service calls that I adopted

Service Call 1: Review Patient's experience, clean aid, clean mould if necessary, change wax cap if necessary, change tubing if necessary, fine tune aid if necessary, ask about need for ancillary products. Time scheduled 15 to 30 minutes.

Service Call 2: Review Patient's experience, hearing scan test, clean aid, clean mould if necessary, change wax cap if necessary, change tubing if necessary, fine tune aid if necessary, ask about need for ancillary products. Time scheduled 30 to 40 minutes.

Service Call 3: Review Patient's experience, clean aid, clean mould if necessary, change wax cap if necessary, change tubing if necessary, fine tune aid if necessary, ask about need for ancillary products. Time scheduled 15 to 30 minutes.

Service Call 4: Review Patient's experience, hearing scan test, clean aid, clean mould if necessary, change wax cap if necessary, change

tubing if necessary, fine tune aid if necessary, ask about need for ancillary products. Time scheduled 30 to 40 minutes.

Service Call 5: Review Patient's experience, Clean aid, clean mould if necessary, change wax cap if necessary, change tubing if necessary, fine tune aid if necessary, ask about need for ancillary products, talk briefly about new technology & current offers. Time scheduled 15 to 30 minutes.

Service Call 6: Review Patient's experience, hearing scan test, clean aid, clean mould if necessary, change wax cap if necessary, change tubing if necessary, fine tune aid if necessary, ask about need for ancillary products. Openly discuss changing to a new product and assess readiness. Time scheduled 30 to 40 minutes.

Service Call 7: Review Patient's experience, Clean aid, clean mould if necessary, change wax cap if necessary, change tubing if necessary, fine tune aid if necessary, ask about need for ancillary products, talk briefly about new technology & current offers. Time scheduled 15 to 30 minutes.

Service Call 8: Review Patient's experience, hearing scan test, clean aid, clean mould if necessary, change wax cap if necessary, change tubing if necessary, fine tune aid if necessary, ask about need for ancillary products. Advise changing to a new product and assess readiness. Time scheduled 30 to 40 minutes.

This schedule allowed me to meet my patients on occasions where I was calling them for an appointment, not them chasing me. It increased my engagement with them and allowed me to build a real and strong relationship with them. Whilst this patient journey is a major element of the strategy for engagement, it only facilitates the other strategies and procedures that you put in place. You need to

put a clear and stringent communication policy in place in your practice that everyone is aware of and adheres to. The policy should cover everything from how you expect patients to be greeted on the phone and indeed in person to communications structure, who, when, why.

When is a mail sent, two weeks before a service call? Who does a follow up telephone call to verify the appointment? When a telephone query is made, who actions it, what answers are given etc. Exactly how long is too long for the return of a phone call? The key to success with communications strategy and relationship building is a well-designed and well maintained CRM. A CRM is only as good as the people who enter and read the information on it. I kept a simple word file on every Patient with details, name of children, comments made at appointment, membership of groups, interests etc. This allowed me to review these notes before every consultation to refresh my memory with these details.

The perception that you and your staff remember the minutia of a patient's life is what builds relationships. How is so and so? Did so and so get that job? Did your Grandchild so and so get over the measles? I remember you love the Opera, did you hear such and such is coming to town? These comments are the foundations of a relationship; they show that you have a real interest in your patient and their lives. Train everybody in your practice including receptionists to prepare their own notes that allow them to maximize their engagements with every patient.

There are plenty of commercial CRMs available relatively cheaply now, particularly cloud hosted ones that allow everybody within your organization to access centralized data that allows you to remain current on your customers, the activities pertaining to them that

have occurred and notes pertaining to them. Get one and use it religiously, but put a clear policy in place that every person in your organization follows. That is the only way that it will maintain its usefulness and maximize its full potential for your business.

Chapter Two

In the last chapter I discussed and laid out an outline for the Patient journey and how I felt it could be used to engender real brand evangelism for a practice. I also said that I thought it could affect Patient retention and Customer referrals. Whilst I discussed the concept in the last chapter I would like to expand on it and discuss the concept in depth, I will also try to tie the concept to individual parts of the practice. In this chapter I will tie the concept into front of house operations, in the next chapter I will move onto the Consultation room and indeed the consultation and so on.

The Patient journey concept is not just about the structure that I discussed in chapter 1, it is an all-encompassing concept covering every aspect of a person's interaction with a Dispenser and his business, from the initial realization of the business as an entity, to any subsequent phone, web or personal face to face dealings with the business. All of these interactions, some that the Dispenser may not be even aware of, are part of the Patient journey and indeed opportunities to begin to build or cement a relationship with a Patient/Customer.

That is in effect why all Dispensers need to plan out a clear, all-encompassing strategy covering Patient communications, within this strategy they also need to cover all aspects of their marketing and advertising. Marketing and advertising are important facets of the Patient Journey and extremely important opportunities for a business to shape a Patient/Customer's perception of their brand and to begin to build a relationship based on that brand. What in fact is a brand, a brand is everything that a Dispenser thinks about themselves, their business, their ethics and how they relate to

people, and a brand is the self-talk that they like to present to the world.

All of the aspects of a business speak to its brand; therefore, it is important that none of the elements of the business contradict the brand concept that is trying to be portrayed. This is the key, the reason that a Dispenser needs to carefully consider what exactly their brand is, or indeed what exactly is the brand that they wish to portray. The answer to the preceding questions, dictate major elements of their communication policy.

With those precepts covered, I would like to discuss the front of house of a business and how it relates to the Patient Journey concept. The front of house is the real introduction of any business and indeed its brand to prospective Patients and indeed existing Patients. What does the front of house say about a Dispenser and their business? Particular attention needs to be paid to the answer to this question; I would ask everybody to approach their business with their eyes wide open. It is easy for us to miss things when we are in the environment day in and day out.

Things that worked ten, twenty years ago in this industry may no longer work. They may not speak of a traditional practice as some may think but of a business that is not current or worse one who does not care about their appearance. If a business appears to not care of their appearance or has not cared to be current, how could it be trusted to care about a Patient's hearing care? That is the very real perception that all businesses risk portraying and fuelling if they are not careful about their branding.

First I would like to discuss the shop window and signage, what do they say about the business and its brand? A shop window is probably the first tangible thing that any prospective Patient

observes pertaining to a business. It needs to be used expertly, signage needs to be fixed, clean and talk to the image that the business wishes to portray as does the shop front furniture and colours. For instance a Black wooden shop front with traditional wooden pillar type surrounds and perhaps wrought iron or brass down lights over the headline signage speak of strong tradition.

A well designed aluminium shop front with modern down lighters over the head line signage speaks of modernity and professionalism. No matter which combination or look a business chooses or indeed has, is it clean, in good repair, presentable and speaking of the brand they wish to portray? The window of the shop front, does the business use it for display, if so what exactly do they display and when was the last time they thought to change or update their display?

What does that display say of the business and its brand, have they reviewed it closely recently? A shop front can be used to effectively communicate the positioning of the business and draw in attention from passing trade; most importantly it clearly communicates several things about the business to their Patient and any prospective Patient. Use a window effectively, plan displays carefully and change them often, a lot of the manufacturers now provide sophisticated POS (Point Of Sale) material, Widex humph humph, sorry can't resist, endless self-promotion. All joking aside, the manufacturers supply it, it should be chosen carefully and used for display accordingly.

The glass in the shop front, having the businesses logo, acid etched on it prominently in the bottom left corner particularly as part of a stripe across the bottom of the glass appears sophisticated and attractive. Acid etching is relatively inexpensive, I guarantee no matter where you are in the world, the sale of one set of mid

technology set of aids will more than pay for this simple but powerful touch.

The display behind the glass, use a local shop fitting business and choose elements that are attractive which remain constant such as tables, acrylic cubes, light boxes etc. Each business will know best what is indeed best for the positioning they are aiming for and indeed their shop front; these items will be the constant base of any display. A business can go absolutely mad if they are both flush and willing to invest, get a living display, basically a large fixed LCD screen on which can be presented constant loop videos and even better, Power points that constantly change and are customized to the changing seasons and your campaigns.

Again, a living display is not necessarily that expensive, you can even scrimp and use a large LCD television rather than a purpose built unit, but if that is the strategy taken, it is important to make sure that the cables are expertly hidden from in front and behind. Hanging cables everywhere in a shop window do not speak of an eye for detail. Within the display, the use of some of the attractive instrument dummies or indeed cases full of dummies that are made available by several manufacturers can be quite effective. If posters are to be hung, they should be framed, relatively inexpensive aluminium quick change frames are available again through most shop fitter outfits or indeed through some home care outlets.

Do not hang posters in a display window or indeed the shop with blu tack or sticky tape, it again portrays the wrong image, when you think about it, it is obvious, but these things tend to be done without much thought. Walking through the front door, what greets you, is it bright, airy, well decorated and laid out, a welcoming space? The decor inside, are there soothing colours, think living room or kitchen

colours, living room and kitchen colours are pleasing because they need to be, people spend most of their time in these rooms hence the care that is taken by paint companies to choose and design colours for them.

Think minimalism in this space, contemporary minimalism, if there is a row of those classroom chairs, they should be thrown out, high seated soft furnishings maybe brown or black leather are the way forward. The sofas or chairs need to be relatively high in order that older people can sit and raise themselves with ease. They also need to be relatively firm for the same reason, leather is just easy to clean and keep clean. Again any posters in this area need to be in frames, not just stuck to the wall, they can also be displayed in purpose fit light boxes. If there is a coffee table with magazines, the dog eared Vogue from 1983 needs to be thrown out and also the twenty copies of National Geographic from 68.

Honestly your Patients will thank you for it, speaking of magazine offerings, would it not be better for a business to undertake a quarterly or bi-monthly newsletter about their practice and make copies of that available. Instant marketing communications without irritating their Patients by jamming up their mailboxes, new product lines, information on new strategies for tinnitus, the receptionist is having a baby etc. etc. It is imperative to fill it with details about the Dispenser and the other people within the practice; these are the very relationship details that encourage a Patient to feel a sense of belonging and to remain loyal.

What exactly does the reception look like, is it a typical office desk that that receptionist sits behind or is it a more substantial purpose built structure? The purpose built structure is the way forward; it speaks again to permanence and professionalism. Is it clean and tidy,

does the Dispenser ensure that the receptionist keeps it clean and tidy? The importance of this cannot be over stressed, the reception desk and area are the welcome areas to any practice, and they need to be clean tidy and above all welcoming.

Moving on to the receptionist, the receptionist is a pivotal cog in the wheels of every business, I do not think it is too much to say that the business could soar or fail in response to the receptionist that is chosen. A receptionist in most modern practices is for all intents and purposes a practice manager, they manage the diaries, logistics, mailings, the phones and face to face queries and usually nearly all of the administration. This is a core position within a practice, finding the right person for the job is often difficult; finding the person with all of the all-round skills is not easy particularly when personality needs to be factored in as well.

It would be nice not to have to micro manage, but if a receptionist is new or indeed not exactly outgoing, ground rules or even scripts for interaction may need to be laid down. When a Patient walks in the door, how long exactly should it be before they are acknowledged, no matter what is happening. They should be acknowledged immediately; even if it is only with I shall be with you in just one minute when I finish with this phone call/Patient/note and of course a big smile.

Staff need to be encouraged to build a relationship with Patients and their families, if need be instruction should be given about the conversations they should have both in person and on the phone. Make very clear what manner is used to answer the phone and exactly what is said and most importantly what action needs to be taken, when and by whom in response to most of the usual queries.

In my practice, I had a receptionist that sold me consistently with nice comments; she actively forged relationships with our Customers to the extent that they would go nowhere else for batteries because they would miss a chat. One of her little tricks was to ring around Customers two weeks before Christmas to ask did they need tubing, batteries, drying tablets, wax caps, because you know, she didn't want them to be without while we were closed. She took that upon herself to do, other businesses may well have to put it into their communication policy and schedule it.

All of these elements speak to the brand, these elements allow a Patient to feel comfortable, cared for and they assist and allow the personal interactions with your staff to affect and shape your Patient's perceptions. These elements allow the building of strong relationships with Patients, the mantra for Patient retention. Human contact and the personal touch, particularly with our demographic delivered in comfortable and welcoming surroundings are the secret to relationship building, as are open questions from the Dispenser and his staff and above all, listening.

Chapter Three

In this the third chapter I would like to move on to the consultation room, initially I would like to cover the environs of the room but also the consultation practice itself. I shall attempt to cover the room and the structure of the consultation in this Chapter and explore the consultation in a deeper manner in the next. We have reached the consultation room, the inner sanctum, the place where we have traditionally thought the real action occurs. It is indeed all of those things, but I hope I have showed in my previous Chapters that it is indeed not the whole story when it comes to Patient journey and engagement.

When you enter your consultation room, take a good look around it and ask yourself, what does this room say about me and my day to day practice? I undertook this exercise after I had been in practice for a while, initially when I started my practice day to day thoughts just centred on my audiometry and hearing instrument fitting, my main worry was that I did not make a mess of these elements. After I had settled down and realised I was the king of practice, sorry can't resist. I began to concentrate on the sales elements that we all undertake in our consultations, slowly but surely finding my consultation style. With this done I began to look at my consultation room, it's appearance and design and how I could change that to engender the perception I wished and allow me to connect with my Patients.

I realised that my consultation room was a mess, between hanging cables, the bane of our existence these, tackle boxes full of tubing etc. the usual day to day detritus of a practice. I also realised that I

sat behind a desk, talking to my Patients, when I thought about this clearly it seemed immediately the wrong position to be in if I was trying to engage with my Patients. So with this in mind, take a long look at your consultation room, store your cables and paraphernalia out of site, whatever you use during one consultation, put it away afterwards. The only things that should be visible on your desk are the fixed apparatus that we use every day. An audiometer, a computer monitor and a keypad, your otoscope and very little else.

If you do not have proper storage, get some built in or indeed buy a nice piece of furniture to store everything in, keep it tidy and keep everything in its place. There is nothing worse than searching like an idiot for something whilst your Patient looks on. Change your desk aspect; place it in order that the Patient and their significant other sit beside you as opposed to across from you. This allows a greater feeling of engagement with your Patient, it also closes the physical gap between you and them, allowing the Patient to relax somewhat and as the consultation moves on to emotionally engage with you in an easier manner.

Position the equipment on your desk including your computer screen and keyboard in an aspect that always allows you to be looking towards the Patient and the significant other. This allows constant engagement with both of them, if you want real long term commitment from your Patient you will need to engage with their companion/family also. This is imperative; engagement with the Patient's companion will increase the commitment to you and your advice from the Patient. That engagement needs to start from the initial consultation, if not during the actual making of the appointment.

The Walls of your consultation room also need to be looked at strongly, do you have anatomical display posters, and are they properly framed and hung? Again do you have manufacturer posters, are they properly framed and do you update them? If you do indeed have manufacturer posters, why do you? I am still unsure if it is indeed a good idea to have such marketing elements in a consultation room, having those elements does not speak of an independent clinician. Having half a dozen of the different Manufacturer posters speaks of a supermarket, I am not sure if there is an in-between so hang a nice relaxing picture instead and of course your qualification.

Keep it clean and tidy, tidy up during the day if need be, you wish to be perceived as a consummate professional with a deep sense of empathy and caring, you need to display that consistently. Before you open your mouth, your practice initial communications and the department of your staff has already said a great deal.

In order to have a maximum effect, the actual consultation needs to be well planned and enacted, in the planning stage you need to think strongly about Patient perception and psychology and what indeed you hope to achieve. Whilst Audiologists or Dispensers are mostly caring and motivated by the opportunity to make a real difference to somebody's life, we got to eat, so assisting somebody is balanced with making a sale. Most of our Patients, do not want to buy, in fact the last thing they generally want is hearing aids. It is with this fact in mind that we see the challenge we face every day, how do you convince somebody that they need a product they do not want without falling back on the optimal negotiation position (the head lock for those who don't know).

With these stark facts in mind you need to design a consultation that allows you to convince them of the benefits of a device without any perception of a hard sell. This is possible, not only is it possible but there are gifted Dispensers doing it with effortless ease every day on instinct, for you and me I am afraid we have to work at it. You may think that planning a consultation to influence people surreptitiously is underhanded, but if like me, you think you are an excellent clinician who deeply cares for your Patient. Does it not follow that you should undertake every possible action and explore every avenue to ensure a Patient comes into and stays in your care?

The stages of a consultation are qualifying to see in fact if a Patient has a loss, overcoming objections to meet any queries, worries or objections that a Patient or indeed the significant other has and closing the sale. The consultation does not necessarily fall in that order, the initial part of the consultation should be a mixture of qualifying and overcoming objections which leads to testing and then the close. Think deeply about this process, come to conclusions and then design a medical record card that follows the flow that you have chosen and includes headlines that cover all the questions that you wish to ask and indeed answer.

For instance, any attitudes to hearing aids should be assessed before the test, because any conversations that you have around BTEs versus ITEs, binaural versus Monaural, lifestyle needs, medical contraindications to certain devices etc. will be seen as advice at this stage. After the test it will be perceived as you selling your point of view. Every professional should use the COSI and integrate it into their consultation, I have written of it before and I still think it is one of the most powerful tools which encourages emotional connection with your Patient and allows you to really understand their lifestyle needs. It also allows you to clearly manage their expectations and to

agree a roadmap for your Patients care. All of this from an A4 piece of paper that practically explains itself.

Emotional engagement is the key, when you make an emotional connection with your Patient it allows them to trust you and feel that you not only understand them, their needs and problems, but you care enough to try your damndest to fix those problems to the best of your ability. This is the key to Patient retention, the crux of the matter, if a Patient feels cared for, that they are not viewed as just a wallet with cash in they feel that they are in a worthwhile relationship. If they feel that they are in a worthwhile relationship, they will stay in it, not only will they stay, but they will tell others about the wonderful caring new friends they have found.

The point is simple, to keep a Patient and gain their friends, treat them like a human being, treat them like they matter to you, their problems matter to you and more importantly the outcomes of their care matter to you. Because these are the things that matter to them.

Chapter Four

The Consultation is a combination of audiometric testing, psychological profiling, counselling 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 indeed are free. You will every day be 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, 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 counselling.

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 the 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 vocalised 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 vocalising 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 summarised as thus:

- Compression.
- Multi program.
- Multi channel.
- Noise reduction.

- Directionality.
- Feedback Suppression.

Be familiar with these concepts and formalise 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 realisation, 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 behavioural 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:

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

Familiarisation: 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.