

## Title of the study:

**Does the Ida tool 'My Hearing Explained' (MHE) result in improved understanding of the consequences of hearing loss among older hearing impaired individuals seeking help for their hearing for the first time?**

## Introduction:

Audiologists typically use the audiogram to explain the consequences of hearing loss to patients. However, it has been suggested that hearing could be better explained using a less technical approach. The Ida Institute developed a simplified tool for explaining the results of a hearing assessment known as 'My Hearing Explained' (referred to below as MHE). Its utility was investigated in this study.

The purpose of this study was to compare (a) the language used by audiologists, and (b) patients' understanding and recall of the information provided, when the standard audiogram versus MHE are used to describe hearing loss and its consequences.

## Method:

Participants: Four audiologists from the Northern Care Alliance NHS Foundation Trust Audiology department and 22 of their patients who were attending the audiology department for an initial hearing assessment.

Procedure: The audiologists used the audiogram for the post-assessment explanation for the first 13 study patients. They then underwent self-training with MHE, which they used for the post-assessment explanation of the subsequent 9 patients. All post-assessment explanations were video recorded, and patients underwent a short interview within 7 days of their hearing assessment during which they were asked to recall what the audiologist had told them, and what they thought about the information they had received.

## Key Findings:

Audiologists used more complex language when explaining hearing loss using the audiogram than when they used MHE, while the converse was true for patients. Further, the ratio of words spoken by the audiologist relative to the patient decreased when MHE was used, suggesting more patient participation in the discussion. Interview data revealed that patients wanted take-home information to share with a significant other, many found the explanation of the audiogram to be complex and overwhelming and would have preferred a written explanation instead. However, concomitantly, although MHE content was more person-centred, some patients said the information provided by MHE lacked substance and utility.

## Conclusion:

There were quantitative and qualitative differences in the content of post-assessment explanations using the standard audiogram and MHE. Patients spoke more during MHE-based explanations because the format encouraged open-ended replies. MHE counselling was more person-centred than it was with the audiogram, however, most patients were happy with the format of explanation they received. It is therefore to be concluded that audiologists should tailor their approach to post-assessment explanations to the needs and preferences of the patient, using the audiogram for some, and a less technical approach, such as MHE, for others.

## About the author(s)

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## Figures

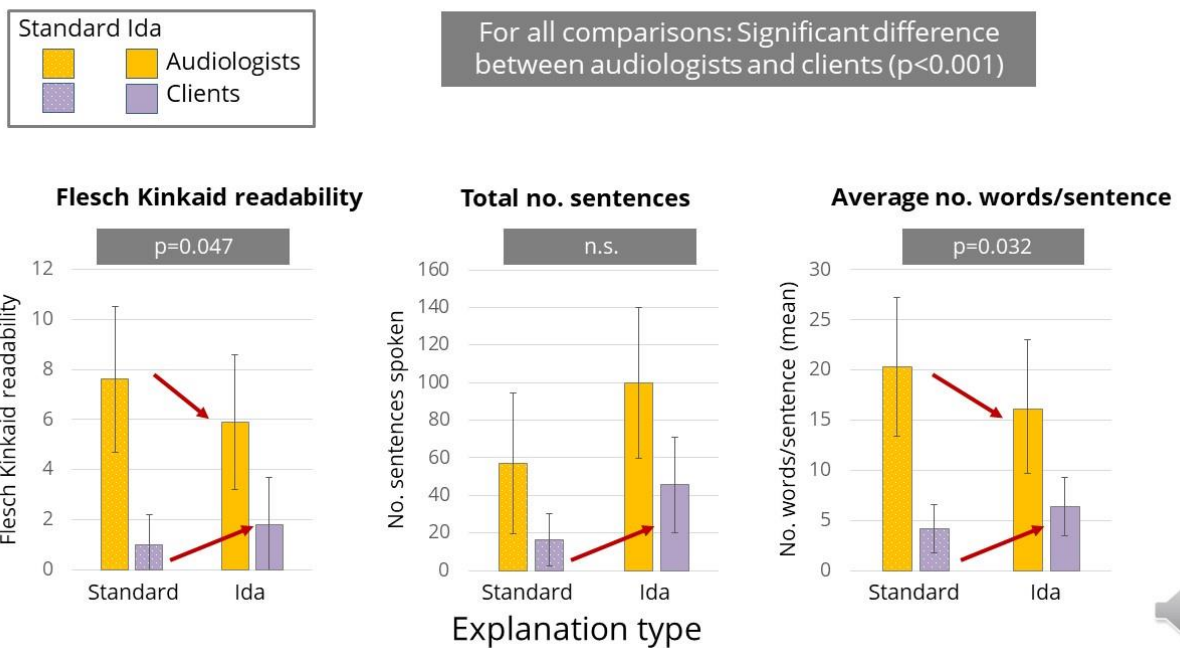


Figure 1

## Percentage of clients receiving each type of content

Information	Std	Ida	Advice	Std	Ida	Support	Std	Ida
Audiogram	100	11	Technological solutions	69	44	Reassurance	15	0
Type of HL	39	22	HA mapped to audiogram	39	0	Expectations	15	0
Anatomy	39	22	Communication strategies	23	78	Tinnitus	23	0
Severity	62	22	Inclusion of CP/SO	8	0			
Impact on speech	92	56						
Specific concerns	31	78						
Listening effort	23	68						

Qualitatively different processes  
 Might have content by not recording initial interactions

**Does this matter to clients?**



Figure 2

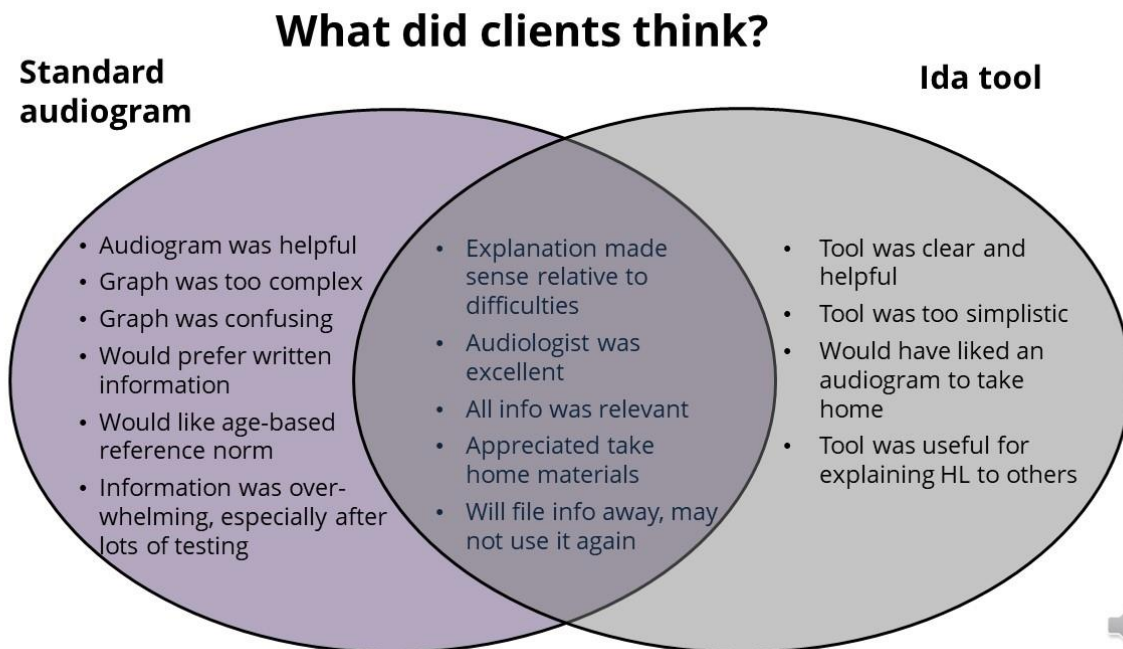


Figure 3